MEDICAL REPORTS

FOR THE

HALF YEAR ENDED 30TH SEPTEMBER, 1876;

FORWARDED BY THE SURGEONS TO THE CUSTOMS AT THE TREATY PORTS IN CHINA;

BEING No. 12 OF THE SERIES,

AND

FORMING THE SIXTH PART OF THE

CUSTOMS GAZETTE

NO. XXX.—JULY-SEPTEMBER, 1876.

PUBLISHED BY ORDER OF

The Inspector General of Customs.

SHANGHAI:
STATISTICAL DEPARTMENT
OF THE
INSPECTORATE GENERAL OF CUSTOMS.

MDCCCLXXVII.

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National Oceanic and Atmospheric Administration

Environmental Data Rescue Program

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Inspector General's Circular No. 19 of 1870.

Inspectorate General of Customs,
Peking, 31*st December*, 1870.

SIR,

1.—It has been suggested to me that it would be well to take advantage of the circumstances in which the Customs Establishment is placed, to procure information with regard to disease amongst foreigners and natives in China; and I have, in consequence, come to the resolution of publishing half-yearly in collected form all that may be obtainable. If carried out to the extent hoped for, the scheme may prove highly useful to the medical profession both in China and at home, and to the public generally. I therefore look with confidence to the co-operation of the Customs Medical Officer at your port, and rely on his assisting me in this matter by framing a half-yearly report containing the result of his observations at.....upon the local peculiarities of disease, and upon diseases rarely or never encountered out of China. The facts brought forward and the opinions expressed will be arranged and published either with or without the name of the physician responsible for them, just as he may desire.

2.—The suggestions of the Customs Medical Officers at the various ports as to the points which it would be well to have especially elucidated, will be of great value in the framing of a form which will save trouble to those members of the Medical profession, whether connected with the Customs or not, who will join in carrying out the plan proposed. Meanwhile I would particularly invite attention to—

a.—The general health of.....during the period reported on; the death rate amongst foreigners; and, as far as possible, a classification of the causes of death.

b.—Diseases prevalent at.....

c.—General type of disease; peculiarities and complications encountered; special treatment demanded.

d.—Relation of disease to { Season. / Alteration in local conditions—such as drainage, &c. / Alteration in climatic conditions.

e.—Peculiar diseases; especially leprosy.

f.—Epidemics { Absence or presence. / Causes. / Course and treatment. / Fatality.

Other points, of a general or special kind, will naturally suggest themselves to medical men; what I have above called attention to will serve to fix the general scope of the undertaking. I have committed to Dr. Alex. Jamieson, of Shanghai, the charge of arranging the reports for publication, so that they may be made available in a convenient form.

3.—Considering the number of places at which the Customs Inspectorate has established offices, the thousands of miles north and south and east and west over which these offices are scattered, the varieties of climate, and the peculiar conditions to which, under such different circumstances, life and health are subjected, I believe the Inspectorate, aided by its Medical Officers, can do good service in the general interest in the direction indicated; and, as already stated, I rely with confidence on the support and assistance of the Medical Officer at each port in the furtherance and perfecting of this scheme. You will hand a copy of this Circular to Dr. ....., and request him, in my name, to hand to you in future, for transmission to myself, half-yearly reports of the kind required, for the half-years ending 31st March and 30th September—that is, for the Winter and Summer seasons.

4.— * * * * *

I am, &c.,

(signed) ROBERT HART,
I. G.

THE COMMISSIONERS OF CUSTOMS,—*Newchwang, Ningpo, Tientsin, Foochow, Chefoo, Tamsui, Hankow, Takow, Kiukiang, Amoy, Chinkiang, Swatow,* and *Shanghai, Canton.*

SHANGHAI, 1st *March*, 1877.

SIR,

IN accordance with the directions of your despatch No. 6 *A* (Returns Series) of the 24th June 1871, I now forward to the Statistical Department of the Inspectorate General of Customs, the following documents:—

A.—Report on the Health of Tamsui and Kelung for the year ended 30th September 1876, p. 1;

B.—Report on the Health of Shanghai for the half-year ended 30th September 1876, pp. 2-13;

C.—Report on the Health of Hankow for the year ended 30th September 1876, pp. 14-17;

D.—Report on the Health of Swatow, pp. 18-25; and

E.—Report on the Health of Chinkiang, pp. 26-27; each of these referring to the half-year ended 30th September 1876.

F.—Report on the Health of Newchwang for the two years ended 30th September 1876, pp. 28-35;

G.—Report on the Health of Amoy for the half-year ended 30th September 1876, pp. 36-40;

H.—Report on the Health of Chefoo for the year ended 30th September 1876, pp. 41-47;

I.—Report on the Health of Tientsin for the half-year ended 30th September 1876, pp. 48-49.

I have the honour to be,

SIR,

Your obedient Servant,

R. ALEX. JAMIESON.

THE INSPECTOR GENERAL OF CUSTOMS,
Peking.

The Contributors to this Volume are—

B. S. RINGER, M.R.C.S., L.S.A.,	Tamsui and Kelung.
R. A. JAMIESON, M.A., M.D., M.R.C.S.,	Shanghai.
A. G. REID, M.D., F.R.C.S.E.,	Hankow.
E. I. SCOTT, L.R.C.S.I.,	Swatow.
A. R. PLATT, M.D.,	Chinkiang.
J. WATSON, M.D., L.R.C.S.E.,	Newchwang.
P. MANSON, M.D., CH.M.,	Amoy.
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[For Footnotes in square brackets the Compiler is responsible.]

A.—Dr. B. S. Ringer's Report on the Health of Tamsui and Kelung for the Year ended 30th September 1876.

During the past twelve months the rainfall has been very considerable, the statistics showing an increase of 36 wet days compared with the previous year. Rain fell on 147 days in all. Apparently in connection with this there was a decided increase in the number of cases of intermittent fever and low febrile indisposition amongst the foreign community.

Several severe cases of diarrhœa, attended with much pain and sometimes vomiting, occurred, which were treated for the most part with opium, morphia, chloroform and hydrocyanic acid, followed in some cases by quinine, with much benefit, probably indicating the malarious nature of the complaints.

One death has to be recorded. The patient was a visitor to the island, who was suffering from chronic Bright's disease and dropsy. For the relief of the latter symptom he was tapped, nine pints of liquid being drawn off with great temporary relief. However, the patient gradually sank, and died comatose twelve days after the operation, but without convulsions.

Chinese.—At the Native hospital the usual number of mixed cases have been attended. Several operations were performed, of which the following was the most interesting. Hun, a well nourished female, aged 44, presented herself on the 10th May, suffering from a large cystic tumour of the right mamma, which she had first noticed fourteen months previously. The largest circumference was 23 inches, the length from the nipple to base 9½ inches. The superficial veins were enlarged and fluctuation was appreciable in various parts of the tumour; there were no indurated or enlarged glands in the neighbourhood.

On May 12th, the whole tumour was removed down to the pectoral muscle. Several vessels were secured, the edges of the wound were then brought together by silver sutures and strapping, and a firm pad of lint placed over all to arrest oozing. In the evening vomiting set in and the patient passed a restless night. After removal, the tumour weighed 8 lbs. 1½ oz., and contained several cysts which were filled with a dark coffee-coloured liquid. The length of the incision when the edges were drawn together was 10 inches.

May 13th.—Patient rather feverish, pulse 108. From this time forward she progressed favourably, pulse never rising above 100. The wound was dressed from first to last with a weak aqueous solution of carbolic acid, except for a few days, when a small slough at the edge of the wound was removed with bread poultices.

In six weeks the patient left the hospital with the wound firmly healed.

B.—Dr. Alexander JAMIESON's Report on the Health of Shanghai for the Half-year ended 30th September 1876.

FOR the appended record of meteorological observations I am as before indebted to the kindness of the Rev. Father DECHEVRENS, S.J., Superintendent of the Observatory at Sicawei. For a description of the instruments employed and of the conditions under which the observations are taken, reference may be made to my Report in No. 10 of this series, page 53. The rules given on the next page for the reduction of metrical records are approximately correct and will prove convenient to those who are familiar only with the scales commonly used in England.

ABSTRACT of Meteorological Observations taken at the Observatory of the Jesuit Mission at Sicawei, for the six months ended 30th September 1876. Latitude, 31° 12′ 30″ N. Long E. of Greenwich, $8^h\ 5^m\ 44.63^s$.

DATE.		Barometer at 0° C.	THERMOMETER. Temperature in Shade, observed at intervals of three hours.	THERMOMETER. Extreme Temperature in Shade.	Elastic Force of Vapour.	Humidity.	Ozone.	Evaporation during 24 hours.	Rainfall in 24 hours.	Velocity of Wind.	REMARKS.
1876.		mm	°C.	°C.	mm of Mercury.	0-100.	0-21.	mm	mm	M. per sec.	
April,...	Max...	768·84	26·3	28·3	15·78	100·0	21·0	5·68	47·6	10·0	On the 8th, about 5 P.M. there appeared a magnificent solar halo with parhelia: three images of the sun were visible. The rays were in the form of a glory round the halo.
	Mean	761·12	13·04	13·97	9·26	82·7	10·6	74·22*	87·7*	3·3	
	Min ...	755·52	2·8	2·0	4·65	34·0	0·0	0·15	0·1	0·0	
	Range	13·32	23·5	26·3	11·13	66·0		5·53			
May, ...	Max...	764·08	34·6	35·7	21·63	100·0	21·0	10·60	7·9	11·2	On the 13th, about 2 P.M., thunder was heard but there was no storm. On the 25th, 26th and 27th, the air was laden with impalpable yellow dust.
	Mean	764·08	19·07	19·65	12·41	77·1	9·3	121·08*	27·4*	3·6	
	Min ...	751·23	7·0	6·0	3·88	17·0	0·0	0·35	0·3	0·0	
	Range	12·85	27·0	29·7	17·75	83·0		10·25			
June,...	Max...	761·12	34·0	35·4	21·31	100·0	21·0	11·15	94·0	14·2	The average rainfall in June for 25 years previous had been 190 mm. The present month was therefore exceptional in this respect.
	Mean	756·12	21·42	22·43	15·88	84·3	10·1	71·23*	313·1*	4·2	
	Min ...	749·17	16·2	15·4	7·54	24·0	3·0	0·02	0·1	0·0	
	Range	11·95	17·8	20·0	13·77	76·0		11·13			
July, ...	Max...	758·75	31·9	34·1	25·90	100·0	16·0	6·33	9·5	10·9	
	Mean	754·71	26·13	27·25	20·83	83·1	6·9	102·81*	26·9*	5·1	
	Min ...	747·38	17·0	15·9	14·42	48·0	0·0	1·70	1·0	0·0	
	Range	11·37	14·9	18·2	11·48	52·0					
August,	Max ..	760·84	32·6	34·0	25·34	100·0	8·5	5·87	10·5	15·6	On the 2nd, about 11 A.M., a gale raged. The velocity of the wind was for some minutes 19 m. per second; at 1 P.M. the barometer had fallen to 748·52 mm.
	Mean	755·22	26·73	27·79	21·61	83·56	4·3	98·76*	25·1*	4·1	
	Min ...	748·52	19·1	18·6	14·12	42·0	0·0	1·20	0·1	0·0	
	Range	12·32	13·5	15·4	11·22	58·0		4·67			
Sept.,...	Max...	767·00	34·9	35·7	23·86	100·0	9·5	8·06	18·0	8·9	The average rainfall in September for 25 years previous had been 145·4 mm. with 11.5 days of rain. The present month was therefore exceptional in this respect.
	Mean	760·43	23·02	24·01	16·04	75·76	5·4	122·52*	19·8*	2·8	
	Min ...	756·60	7·3	6·8	5·01	26·0	0·0	2·21	1·8	0·0	
	Range	10·40	27·6	28·9	18·85	74·0		5·85			

* Total for month.

N.B.—The maxima and minima under each month are those noted at the actual hour of observation, except in the cases of ***Rainfall*** and ***Evaporation***, where the maxima and minima mark the greatest and least amounts for one period of 24 hours. The means are those of the month, but it will be noticed that under the same two headings the *total* for the month is given instead of the *mean*.

RULES.

To reduce millimètres to inches, multiply by 3,937 and move the decimal point five places to the left.
To reduce degrees C. to degrees F., multiply by 9, divide by 5 and add 32.
To reduce mètres per second to miles per hour, multiply by 9 and divide by 4.

The diseases prevalent during the half year were dysentery and diarrhœa, remittent and intermittent fevers and febricula (not aborted typhoid, but commonly due to excess and exposure to the sun), sun malaise, rheumatism and bronchitis. The epidemic of measles mentioned in my last report disappeared during the last week of June. A case of severe intermittent (quotidian) in a child 2½ years old, with convulsions at the time of onset on the day that I was summoned, deserves notice. So also does a case of enteric fever with violent delirium in a child of 8. Both these occurred in Customs families. Lumbrici are very prevalent among adults as well as children. They flourish doubtless by favour of the carelessness which allows unboiled water to be mingled with claret, and imperfectly cleaned salad and celery to be brought to table. There was no reappearance of cholera. With reference to the statement made in my last Report to the effect that during the 1875 autumn epidemic, the discharges from cases that occurred on board ship were poured directly into the river previous to the patient being removed to Hospital,* Dr. BURGE requests me to note that in the cholera cases (six in all) that came under his care, disinfection of the discharges, cabin and clothes was thoroughly carried out. No one doubts that as soon as medical assistance is obtained everything necessary is done and advised, and as a rule such assistance is speedily sought in recognized cholera cases. But this does not alter the destination of the discharges previous to advice being sought, or their mischievous character when mingled with drinking water.

A distinguished French physician has recently communicated with me with a view to obtaining information regarding the condition of foreigners, especially with respect to their condition of anæmia or otherwise, after long residence in the East. Now that a considerable number of persons make China their home, information upon this point must be much more accessible than it would have been ten or fifteen years ago. No doubt valuable facts bearing upon the query will be adduced by practitioners at the ports. Experience in Shanghai is tolerably uniform as to the excellent condition of health preserved by old residents who take good care of themselves, who avoid excesses and who have been lucky enough to escape malarious fevers. Even among those who in their earlier days suffered from periodic fevers there are many who appear to have outlived their susceptibility. There are few of us that have actually entered upon old age, but there are many in advanced middle age. Of these latter—men who have lived twenty years and above in China—the majority would compare favourably for strength and endurance with a like number of the same age taken at random from the desks of London offices. This fact, which every resident can verify for himself, ought to have an important bearing on the calculation of life assurance rates, but the subject of life assurance in China has been so fully discussed in previous numbers of these Reports that I now merely allude to it.

* It would have been more strictly correct to have said—*Previous to the arrival of medical aid the discharges from cholera patients on board ship were poured directly into the river.*

Of late years investigations into the diseases of animals have been made to an extent never before attempted. Many obscure forms have been brought to light, and the possibility of the communication to man of disease hitherto belived to be confined to animals has been fully established. Thus, by experiments on himself and others, HERTWIG has proved that the "foot and mouth disease" is conveyed to man by milk yielded by animals affected with that malady. Stomatitis, and a vesicular eruption on the mucous membrane of the mouth, are among the symptoms. Side by side, however, with such inquiries as HERTWIG'S, other investigations have been pursued into the effect of various conditions upon infected milk. It has been set beyond doubt that milk loses infectious properties on boiling. Now, as in Shanghai many foreign children are fed on milk derived from all sorts of questionable sources—buffaloes and Chinese cows—the rule should be faithfully observed to boil all milk before it is used as food. I have noticed that aphthous ulceration of the mouth is far more common among the families of people who, while taking every reasonable care of their children's health, cannot afford to pay the high prices charged at the Farm for milk of guaranteed quality.

In a former number, I drew attention to the danger of using Shanghai ice for the cooling of beverages, except with the precaution of making the cooling mediate. The practice of allowing lumps of ice to dissolve in a fluid intended to be drunk is here always dangerous, and may at any moment prove disastrous. People who adopt it fancy that they escape danger by washing the fragments of ice before they are brought to table—an assumption utterly at variance with common sense—or hold that the process of freezing, like that of prolonged boiling, destroys all living germs. The pseudo-scientific character of the last mentioned error makes it all the more difficult to combat. It must suffice to say that the idea that impure water can be frozen into pure ice is absolutely false. I may now in support of my previously published cautions, refer to an article in the *Practitioner* for September, 1876, page 234, wherein is reported a severe outbreak of intestinal disorder in a hotel at Rye Beach, N.H., which was traced to the use of ice gathered from—

> Shallow ponds formed during the winter by the flooding of the meadows, and therefore containing, as a rule, more or less grass and other vegetable matter, and consequently far less transparent than the article commonly supplied in our large cities. I was not particularly surprised, then, to find that the ice in this case was rather impure and opaque, and that it contained numerous foreign substances varying in size, and apparently of vegetable origin.

"Grass and other vegetable matter" are bad enough, but they are a mere joke to the contributions made by clothes and bucket washers to our pond water, and therefore to our ice supply.

During the half year, there were, as I gather from the sexton's books and the burial register, 39 deaths, from which subtracting 14 deaths among non-residents, we obtain 25 as the mortality among residents for the period. Withdrawing one death from drowning reduces the total to 24; and subtracting 5 deaths among infants, we reach 19 as the total number of deaths from disease among resident adults (16 males and 3 females), as against 12 (11 males and 1 female), during the same period of last year.

BURIAL RETURN OF FOREIGNERS FOR THE HALF-YEAR ENDED 30TH SEPTEMBER 1876.

CAUSE OF DEATH.	APRIL.	MAY.	JUNE.	JULY.	AUGUST.	SEPTEMBER.	TOTAL.
Heart Disease,	1	—	1*	—	2	1	5
Pertussis,	—	1†	—	—	—	—	1
Pneumonia,	—	1*	—	—	—	—	1
Remittent Fever,	—	—	*f* 1†	—	—	—	1
Bronchitis,	—	—	1*	—	—	—	1
Enteric Fever,	—	—	1	—	—	—	1
Suppurative Hepatitis,	—	—	1	—	—	—	1
"Cholera,"	—	—	—	1*	—	—	1
Progressive Locomotor Ataxy,	—	—	—	*f* 1	—	—	1
Alcoholism,	—	—	—	1	—	—	1
Phthisis,	—	—	—	*f* 1	1	—	2
Aneurism of Thoracic Aorta,	—	—	—	1	—	—	1
Sunstroke,	—	—	—	1	—	—	1
Puerperal Fever,	—	—	—	—	—	*f* 1	1
Caries of Temporal; Abscess of Brain	—	—	—	—	—	1	1
Bright's Disease,	—	—	—	—	—	1	1
Apoplexy,	—	—	—	—	—	1	1
Hepatitis,	—	—	—	—	—	1	1
Trismus Neonatorum,	—	—	—	—	—	*f* 1†	1
Suicide,	1*	—	—	—	—	—	1
Accident,	—	—	1*	2*	—	—	3
Drowned,	2*	—	—	1*	1*	1	5
Uncertified,	1† 2*	1† 1	—	—	1	—	6
Total,	7	4	6	9	5	8	39

* Non resident. † Infant under 3 years.

The 19 deaths among resident adults may be arranged as follows :—

Heart Disease & Aneurism, 5	Phthisis, ...2	Enteric Fever, ...1
Hepatitis & Liver Abscess, ...2	Alcoholism, ...1	Progressive Locomotor Ataxy, 1
Sunstroke, ...1	Puerperal Fever, ...1	Abscess of Brain, ...1
Bright's Disease, ...1	Apoplexy, ...1	Uncertified, ...2

The death from heart disease occurred in a Customs officer transferred here from Hankow a few weeks before he succumbed. The case of pertussis was fatal by convulsions and effusion. Chronic dysentery had existed for many months in the fatal case of suppurative hepatitis. The patient's extraordinary intolerance of ipecacuanha in both large and small doses gave rise to the suspicion of abscess, but no satisfactory physical signs could be obtained before death. The following notes relate to the case of progressive locomotor ataxy :—

A lady aged 37, many years in China, of an anxious, nervous temperament, and who had suffered much mentally at various periods of her life, was in October 1874, after a severe shock, threatened with paralysis in her hands. She had been insensible for several days, taking little or no nourishment, and it was on attempting to write, shortly after convalescence began, that she discovered the absence of power to co-ordinate the movements of her fingers. This passed off, and her health was shortly afterwards re-established.

On the 4th December 1875, having on the previous day suffered from pain in her arms, but without other warning, she was seized with severe pain in all the muscles from the waist downwards. This pain was of an agonising aching character, exasperated on movement. There was retention (lasting until the 15th December,) and obstinate constipation. Large quantities of lithates were eliminated, but at no time

was sugar or albumen present. Action of heart so feeble that the sounds were detected with difficulty, but intermitting, and a faint bruit was heard equally over all the valves, both in systole and diastole. Subcutaneous injections of morphia twice daily sufficed within three days to moderate the muscular pain; but this was succeeded by a total absence of the muscular sense from the hips downwards. There was no tendency to inflammation of the skin. She could not feel her limbs below the hips, but she could slightly move her legs apart and stir her toes when told to do so. All the muscles were equally paralysed, and there were occasional but not frequent spasms. She "felt as if she were resting on nothing." She could tell what toe or what portion of the skin of her legs or feet was pricked with a pin, but she could not tell when too hot a bottle was applied. There was a sense of constriction round the hips and between the legs, especially after waking in the morning; there was starting and twitching of the muscles, sometimes sufficient to flex the leg suddenly and forcibly on the thigh. There was no tender spot on the spine discoverable by pretty sharp percussion, but a feeling of weight and weakness was complained of. No reflex action excited by tickling soles or otherwise irritating skin of feet or legs. The legs swell when lowered, but she has less power in them when they are raised. Appetite was quite abolished, temperature in mouth normal. On the 11th December, she began to take iron and quinine with marked benefit as far as appetite was concerned, and on the 15th, after two 15-minim capsules of turpentine, the bladder regained power and retained it subsequently. Baths of salt-water were ordered. Rubbing the legs was attempted, but caused so much pain of a numb character that it had to be stopped. Enemata had still to be used. There was now unconsciousness, but no incontinence. On the 9th January 1876, after a serious fright from the occurrence of a large fire in the neighbourhood, she became sleepless, but this symptom yielded to small doses of morphia at bed-time. The weakness of her legs went on increasing and the muscles began to waste. At her solicitation, on the 12th January, I applied for five minutes the secondary induced current from a SMEE'S cell, one pole being placed over the left sciatic nerve behind the great trochanter, and the other on the inside of the ankle. She was barely conscious of it, and during the day the sense of numbness and aching in the left leg was increased. On the 13th, as this had passed off, she requested that the same experiment might be tried with the right leg. No noticeable effect followed.

14th January.—Ordered 4-grain doses of iodide of potassium three times daily an hour before eating, with 6-minim doses of extract of ergot and tincture of belladonna.

15th.—She believes that she can move her limbs more freely, and at all events she is conscious of the continuity of her body down to her toes. Her feet and hands are comfortably warm to the touch, but she complains of intense cold in them. No indications could be obtained with the æsthesiometer anywhere in the legs. Twitching of the leg muscles is more marked to-day. Heart normal; pulsation in posterior tibials faint but quite perceptible, especially on right side.

18th.—Says her hands are stronger.

20th.—Her feet have now the sense of positive warmth instead of that positive cold as before. She cannot allow one foot to touch the other or one knee to touch the other, the sense of crushing weight so produced is so unbearable. This morning she had a sudden spasm of the extensors of her legs which kept her "stiff and straight for several seconds." No voluntary motion in toes. Appetite worse.

22nd.—Motion unimproved. Sense of constriction has disappeared. Sleeping well; appetite fair—rum and milk ordered. Can feel lightest touch on feet and tell where it is applied. Very sensitive to pin pricking. Paresis of bowels quite disappeared.

24th.—She can turn herself in bed, and sensibility, as tested by the æsthesiometer, is improving in left leg. No change in right. Complains of tingling and numbness in arms and hands when she attempts to raise them to her head. Has noticed this for a day or two; thinks it is slightly less to-day.

26th.—Can bend both ankles slightly, the left better than the right. Tingling in arms rather worse. It extends to scalp when she bends her head.

28th.—No improvement. Friction of left leg produces violent tetanic spasm of flexors. All symptoms are intensified by long or agitating conversation. She writes a great deal against advice. Her hand is very

tremulous when she begins, but becomes steadier, and then is soon fatigued. Careful percussion along spine still fails to detect a sensitive spot.

11th Feb.—Motion in both feet, but left especially, gradually improving. She can bring toes into forcible extension but cannot flex them at all. She can bend feet on legs.

15th Feb.—Motion and sensation in both legs greatly improved.

21st.—She can now flex and extend toes, and draw legs up. The tetanic contraction of flexors of legs is less violent and less frequent.

Things continued in this condition for some months. Forcible voluntary movement was perfect, and when lying down, the motions of the legs could be controlled. Pains frequently occurred "in the bones," and the legs, except when the patient was sitting in the sun, constantly felt cold; the skin, however, was generally in reality warm. The hands were easily tired, and the fingers became tremulous after slight exertion. There was no strabismus or other eye affection. Sleep and appetite were fairly good. Complete power was retained over the bladder, but the bowels were opened by enema only. The patient could move readily from place to place, supporting herself by articles of furniture. There were no fibrillary contractions.

In the last week of May she complained of a feeling of constriction advancing up the trunk, and on 1st June she was seized with a spasmodic cough. On the 4th June she had great difficulty in breathing, and constant desire to cough, with nausea. Could not keep anything down. Lungs congested at both bases. When with difficulty she gets up a little mucus it is tinged with blood.

5th.—Some threatening of difficulty about bladder this morning. Overcome. Legs quite motionless; sensibility much impaired. Skin cold to touch, no reflex motion on tickling soles.

6th.—Motion and sensibility returning in legs. Better in every way.

11th.—After talking for some hours and becoming rather excited, suddenly violent pains "of a knotty character" occurred in her legs, and the skin became perfectly cold to the touch. There was also inability to move them, and for about a minute most distressing vertigo.

27th.—Went to bed fairly well last night. At eight this morning, after a fit of coughing two profuse hæmorrhages occurred from chest. Bleeding was checked by subcutaneous injection of morphia, repeated at intervals, with however diminishing effects. Matters steadily went from bad to worse, and the patient died on the 3rd July, exhausted by pulmonary hæmorrhage and inanition, every attempt at swallowing food producing severe cough with violent bleeding. Although there was no post-mortem, the course of symptoms answers so exactly to that described by DUCHENNE, JACCOUD and CHARCOT as characteristic of *ataxie locomotrice progressive* that there can be no doubt as to the nature of the lesion.

The case of phthisis fatal in July occurred in a lady with a family history of consumption, who, having previously presented no lung symptoms, took severe cold at a public ball in February. Acute catarrhal pneumonia, swiftly followed by deposit and rapid excavation of both apices, with persistent high temperature and night sweats, brought her life to an end with a celerity and certainty that defied all attempts at treatment. The case of puerperal fever was of the purely nervous form. The patient had convalesced fairly well after labour, but on the ninth day, after a severe mental shock, she became violently delirious, and died in thirty-six hours. Trismus neonatorum, though comparatively common in India, is rare among foreigners in China. This case is, I believe, the second which has occurred in Shanghai.

A female child of young and healthy parents was born at the full time. Exhaustion of the mother after a somewhat prolonged second stage required application of forceps in the cavity. The child was extracted in less than a minute and was not even marked. Four days after birth, it showed some difficulty in sucking. At 1 A.M. on the fifth day it was observed that it could not open its mouth. I saw it at 4.30 A.M. Skin very yellow; cord had fallen on previous day. Bowels natural. Very restless. With great difficulty I forced the tip of my little finger between the jaws, and administered one grain of chloral in solution. This

was repeated at 6.30, 7.30 and 8.30. The dose could only be swallowed when it was thrown far back into the pharynx. At 9 A.M. the lower jaw moved much more freely, but the difficulty of swallowing was increasing. The child was kept in a hot bath at 98° to 105° for five minutes. At 10.30 A.M. and 1.30 P.M. the chloral was repeated, and at 2.30 P.M. the hot bath. At 4 P.M. the jaw was perfectly movable, but the fauces closed spasmodically and completely when medicine or food was introduced. There were general muscular twitchings, but the child was so deeply asleep that it seemed dangerous as well as useless to press the chloral. At 6.30 P.M. the hot bath was repeated. At 8 P.M. tetanic spasms affecting all the muscles of the trunk and limbs declared themselves. Death occurred at 11 P.M.

The treatment by chloral is highly extolled by WIDERHOFER of Vienna, but I cannot discover whether his patients eventually lived. It is possible that, as in this case, the trismus may have disappeared, but this amounts only to the removal of one particular symptom.

One fatal case of alcoholism was that of an old resident in China who had once been under my care for multiple strictures of the urethra. At this time (two years ago) his general symptoms were sleepless or disturbed nights, followed by days of restlessness, constant desire for change, sense of impending evil, general malaise and nervousness. Although he professed to be a total abstainer and I had no means of ascertaining certainly whether he was or not, these symptoms, added to his glistening tongue in the morning, his offensive breath and his nausea and diarrhœa, convinced me of his intemperance, and I refused to operate. He wandered for many months from port to port and from surgeon to surgeon, but was finally picked up in a state of mania from drink at an out-port, and was sent on to Shanghai, where he died a few days after his admission to hospital. The man who committed suicide was a Dane, who to put an end to some pecuniary troubles, applied the muzzle of a Snider rifle to his abdomen immediately internal to the common cartilage of the sixth to ninth left ribs on a level with the sternal end of the seventh, and stooping over the weapon, pulled the trigger with his right hand. The ball made its exit on the left side close to the spine, between the fourth and fifth ribs, and lodged in a brick partition four feet behind where the man was sitting. Death from external and internal hæmorrhage occurred in two hours and a half. It was curious to observe that there was little or no shock. The surface of the body was warm and the man talked quite composedly up to two or three minutes before he died.

It will be noticed that non-residents contribute largely to the mortality of the port. Most of the fatal cases among this class pass through the General Hospital, and the majority of these are seamen sent from ships in the harbour. It is nothing uncommon to find in the wards men fresh from European and American ports who are yet suffering from advanced heart disease, aortic aneurism, or chronic kidney disease, or are in the last stage of phthisis. To take men on board ship for a long voyage wherein they are certain to be exposed to all the conditions most fatal to persons in their situation is absolutely inexcusable, but it is not easy to say where the blame lies. Medical inspection before shipping is clearly the only way of meeting the difficulty, and accordingly the framers of the Merchant Shipping Bill of 1876 took the matter in hand, but without result. The 25th section of the Bill as it originally stood recited that every owner or master signifying at a shipping office his intention to engage a crew should at the same time state whether he intended to have his men examined by a medical inspector of seamen. In case he declined to do so, and any one of his crew was left behind sick at any place out of the United Kingdom, the owner or master would have been made responsible for all sums paid

on account of such seaman by British Consuls for medical expenses and expenditure for subsistence, clothing, conveyance home, and burial should the man die before reaching home. In committee this section was expunged, but a distinct promise was made that next session a government measure would be introduced relating exclusively to the condition of seamen. What action, if any, other governments have taken or are about to take I do not know, but the adoption of the plan of inspection would abolish a vast amount of needless suffering on the part of individual seamen, and of needless danger to life and property which now arises from the employment of inefficient crews.

It would be interesting to ascertain the results of obstetric practice among foreigners in China for purposes of comparison with statistics obtained in other parts of the world. As a contribution I will analyse the last 50 obstetric cases that have occurred in my practice. Out of this 50, five were abortions earlier than the third month and four were miscarriages earlier than the sixth month. There was one case of twins, both females. By the 41 labours at term there were born 23 girls and 19 boys. Out of the total of 50, one mother died of puerperal fever of the nervous form, without evidence of septicæmia. This latter case proved fatal within thirty-four hours of the first appearance of excitement. Of the 42 children born at term, one died of trismus on the fifth day, and one was born dead, having died probably the day before labour set in. In the 41 cases at term there were 40 head presentations, one of the right shoulder, and one of the left shoulder with loop of funis (pulseless). Of these last, the former was rectified by bipolar cephalic version, the labour proceeding naturally afterwards; the latter was also rectified in the same manner, but, probably on account of the child's death, the head was driven backwards between the shoulders, and the presentation, when fairly lodged in the brim, was found to be one of the face. As the mother was not exhausted and as the child was known to be dead, time was given, and after two hours it was found possible to extract with the long forceps. Still considering the 41 cases at term, the forceps was used in 12 cases, of which six were at or above the brim and six in the cavity. In ten of these cases it was applied in default of uterine action; one case has been described above, and in the remaining case there had been obliteration of the os, which was represented by little more than a tubercle high up behind the pubes.* Incision of the os at three points, followed by steady digital dilatation under chloroform while water-bags were being sent for, produced, by the time these latter arrived, an amount of expansion that barely justified an attempt with the forceps. The difficulty was greatly increased by the excentric position of the os. There were special and urgent reasons which need not be specified for hurrying the birth. The membranes were ruptured, and at the third essay I succeeded in placing the forceps and delivering a healthy female child. It will thus appear that out of the 50 cases summarised, there were only two of serious difficulty. In none was there any threat of post-partum hæmorrhage, a fact which may be contrasted with TILT'S representations as to the frequency and formidable character of this accident among European residents in India.† But the marked tendency to inertia is worthy of attention. Of the 41 mothers delivered at full term, 20 could not nurse at all, two nursed for about four weeks, and 15 for more than three months; one died, of one I have no information, and the remaining two had nursed on previous occasions, but in one case the child was born dead and in the other the child died four days after birth. In 29 cases chloroform was administered throughout the entire of the second stage; in

* This position of the os in atresia appears to be exceptional. BARNES says—"It is generally very high up and far backwards near the promontory."

† TILT'S "Health in India for British Women," p. 60.

the remainder either there was some objection on the patient's part or labour was terminated so speedily as to render chloroform unnecessary.

To anticipate misconception I must remark that I am more careful to publish fatal cases than successful ones. As these Reports are worth nothing unless they add to the general stock of knowledge, or at all events to the general stock of materials out of which knowledge is eventually to be elaborated, a writer in them should, I apprehend, consider as most useful to his readers those cases in his practice where, in spite of every care, his diagnosis was faulty, or where an operation, instead of affording the hoped for chance of life, hastened the fatal event. Successful cases, either in medicine or surgery, always leave a doubt as to how much is to be credited to luck and how much to skill. It is when a man's efforts seem to turn against him that his experiences are of especial value. If by chance or skill such or such an one succeeds in a daring enterprise, it proves little in justification, should justification be needed, of such or such another one who attempts a like enterprise and fails. But when one fails and publishes the conditions under which he has failed, every reader can judge for himself of the difficulties the writer has encountered, and lay to heart for his own use and avoidance the mistakes, if any, which he has made. A failure faithfully reported is therefore a genuine addition to knowledge. The following case will illustrate these remarks :—

A-CHO, a female, aged 20, was admitted to the Gutzlaff Hospital on the 14th July. She was a native of a marshy district near Paoshan, but had never suffered from fever. Catamenia appeared at fifteen and have continued regularly ever since. Eight years ago, elephantiasis attacked the right leg, invading first the foot and toes, and three years later the thigh. Her father states that the disease is very common in his neighbourhood, but that the leg only is attacked. His daughter's case is the only one he knows of where the entire lower extremity is affected.

On examination, the left side was found perfectly healthy. The right leg was enormously enlarged, the hypertrophy of the skin being clearly defined by the fold of the groin. There was a marked contraction above and below the knee; the leg in the region of the calf, and the foot were elephantine, but the ankle and the base of the toes were contracted. The skin was of natural warmth (to the touch) but livid, hard, thick, and covered with scales formed by the drying of a serous fluid which exuded from the surface of the limb, mingled with cast epithelium. The skin could not be made to glide over the deeper structures. The entire limb constituted an enormous almost shapeless mass, in which it was impossible to discover the pulsation of any artery. The femoral could be faintly felt at the brim of the pelvis. At the level of the ankle, on the posterior surface, was situated an elliptical ulcer, four centimetres long by seven centimetres wide, from which there was a profuse discharge of a serous or lymphous fluid mingled with pus cells, corpuscles and epidermic scales. The discharge amounted on an average to ·25 litre in the twenty-four hours.

An attempt was made to carry out HEBRA's treatment by warm baths, inunction of mercurial ointment and an elevated position of the limb. The two former were done conscientiously, but it was impossible to get the patient to lie down with the leg raised, except during the period of the daily visit. The following were the measurements taken on the day of entry and eighteen days later:—

CIRCUMFERENCE ROUND	LEFT SIDE.		RIGHT SIDE.	
			14th July.	1st Aug.
	Cm.		Cm.	Cm.
Base of Toes,	18	...	20	21·5
Ankle,	20	...	31	31
Calf,	28	...	55·5	56
Below Knee,	26·5	...	40	41·5
Above ,,	31	...	52	52·5
Middle of Thigh,	57	...	85·5	86
Level of Great Trochanter,	44·5	...	75	75

It will thus be seen that the limb was steadily enlarging in spite of the treatment. The girl was extremely anxious to have anything done short of amputation. The risk and uncertainty of the operation of tying the external iliac were explained to her, but she only stipulated that in the event of her dying her funeral expenses should be defrayed. Accordingly at 3 P.M. on the 1st August, a purgative enema having previously been given and the bladder emptied, I ligatured the right external iliac according to LISTON'S method. There was no difficulty encountered. Immediately upon knotting the ligature, the entire limb became of a marbly white colour. At the expiration of half-an-hour, the skin on the operated side was sensibly warmer than that on the left. The right leg was enveloped in cotton, 2·5 cgr. of morphia were injected into the arm, and the patient was laid on a fracture bed. Next morning the patient said that she had slept well but was made uncomfortable by the strips of adhesive plaster by which the wound was supported. The temperature in the mouth was 37·25° C. She had emptied her bladder twice. In the evening there was a rise of 1·4° C. The wound appeared about to unite by first intention. Morphia injection repeated. On the 3rd August at 2 A.M. (thirty-four hours after the operation) the limb became painful and the toes cold and livid. The same dose of morphia was injected, and hot bottles laid round the leg. The temperature of the thigh had not fallen. By the afternoon the leg was warm again, there was no pain; the patient was calm, and satisfied with her condition. She had eaten a bowl of rice with mutton broth. At 7.30 P.M. she suddenly became breathless and cyanosed, and died in less than five minutes.

It seems probable that the initial rise of temperature on the operated side and the retention of at least a natural degree of heat for thirty-four hours after ligature of the artery, were due to molecular changes in the tissues of the leg, in fact to the commencement of disintegration or decomposition. This, however, was not sufficient to maintain the skin heat for any longer time, and then the effect of interrupted blood supply declared itself. The collateral circulation must have been established by the afternoon, when the limb was again warm, and one of its earliest effects was to wash a clot out of one of the veins and carry it on to the right heart. There was no post-mortem, but the history points clearly to this as the immediate cause of death.

In this case death must undoubtedly be attributed to the operation. The patient might have lived miserably for some years, but at all events she would probably have lived. On the other hand, she knew the risk and was willing to take it. However, this case once more raises the question whether ligature of the main vessel in elephantiasis is justifiable in itself. CARNOCHAN of New York first suggested it in 1851, and announced a cure. It has since been practised with varying success by BUTCHER of Dublin, RICHARD of the Hôpital Cochin, FAYRER, BRYANT, BOCHARD, BAUM, SIMON and others. Up to 1872, twenty-eight cases were recorded, in the majority of which the result was negative, while in a few there was marked diminution of the hypertrophy, and in one or two cases there would seem to have been actual cure. (VANZETTI, *Gaz. des Hôp:* December 1867, p. 572.) A summary of the history of the operation up to date will be found in the *Revue Médico-Photographique des Hôpitaux de Paris;* 6me année (1874), p. 121. More recently WERNHER (*Deutsch. Zeitschr. f. Chir.*, 1875) cites thirty-two cases in which ligature gave variable results. FAYRER, SIMON and DEMARQUAY pronounce decisively against it, the last, I think, on theoretical grounds, the two former in consequence of their failures. As the statistics stand, and without taking any account of the pathology of the disease, there seems no reason why each surgeon should not exercise his individual judgment. Obviously this is not the place for a discussion of the pathology of elephantiasis Arabum, which can be found in many books. The latest investigations are summarised in the *Archives Générales de Médecine*, 1876,

vol. ii., p. 100. But after carefully perusing this summary, in expectation of light to be thrown on the treatment, my impression is that the propriety of ligature is still an open question, only to be decided by its results.

Two cases of transverse fracture of the patella with wide separation were admitted to the Gutzlaff Hospital during the half year. One was in a thief who met his accident when springing from a first floor window into the street. The other occurred in a mason who fell from a ladder or scaffolding. The former was dismissed with complete union and perfect use of the leg thirty-six days after the accident; the latter left twenty-five days after admission with an interval of 6 mm. ($\frac{1}{4}$ inch) between the fragments, and fairly good use of the leg. In each case the only treatment adopted was the use of a fracture bed with the application of a carefully padded back splint to keep the leg in forcible extension.

At page 18 of the 9th number of these Reports, I described a case of tumour of the lower jaw successfully removed. A case of like kind, but much farther advanced, was admitted in August to the Gutzlaff Hospital. The photograph on the opposite page, taken by Mr. SAUNDERS of this port, will give an idea of the size and appearance of the tumour.

For the purpose of exploration I divided the lower lip and the skin as far as the upper border of the thyroid cartilage, and dissected off the soft parts to the angle of the jaw on either side. It was then found that the hyoid bone was deeply embedded in the mass, which could not have been completely removed without opening into the pharynx. The operation was therefore abandoned. The exploratory incision healed up quickly and gave no trouble.

Last June, Mr. DUFF of Chinkiang was good enough to forward to me a bottle containing two nematode worms, one 2 inches, the other $2\frac{1}{4}$ inches long, which three weeks before he had discovered in an aquarium filled with rain-water, and had carefully watched and nursed. They were in all respects identical with those found in the hearts of dogs. When he first saw them they were about half-an-inch long. In these Reports, No. 7, page 13, Dr. SOMERVILLE published all the information he had collected up to that time about these worms, and mentioned, without altogether endorsing, the common opinion among foreigners at Foochow, that "dogs get worms in the heart from drinking the water of the stagnant pools about the settlement." Mr. DUFF'S observation appears to support the Foochow opinion. After the worms came into my possession I kept them, without changing the water, in Mr. DUFF'S bottle, merely tying a piece of muslin over the top. They flourished and grew rapidly for four weeks, by which time their length (guessed at) was about $3\frac{1}{2}$ inches. One morning they had disappeared from the bottle, and the water which had been clear and odourless on the previous day, had begun to get putrid and swarmed with the minute transversely striped animalcules which are found in stagnant water, rapidly propelling themselves by alternately curling and extending their bodies.

I saw but one case of worms in a dog during the half year, but this one is worthy of note if only on account of the small number of worms that sufficed to kill.

On the 12th August 1876, I examined a spaniel at the Horse Bazaar, which, apparently perfectly well in the morning, died suddenly in the forenoon. On opening the chest the lungs were found bloodless and collapsed, a condition speedily explained on cutting into the right ventricle. Here a coil consisting of six worms, one of which was alive, was found completely occluding the pulmonary artery. The mass was surrounded by soft clot. There were no worms in any of the other vessels.

A very cheap, effectual and inoffensive mode of disinfecting and deodorising wards has recently (*Lancet*, 1875, ii. 829) been recommended by Dr. GOOLDEN. I have used it with success in the Gutzlaff Hospital, and I observe that it was found superior to all other means in the wards occupied at Haslar by the men injured in the *Thunderer* explosion.

Thirty grains of nitrate of lead is dissolved in a pint of boiling water, and two drachms of common salt in a gallon of water. The solutions are mixed and the sediment allowed to subside. Cloths dipped in the clear fluid are hung up about the ward to be deodorised. The solution is also recommended as a dressing for foul ulcers, but of its use in this way I have no experience.

C.—Dr. A. G. Reid's Report on the Health of Hankow for the Year ended 30th September 1876.

The present year was characterised by the comparative coolness and dryness of the summer and the unusual prevalence of breezes during day and night. Notwithstanding this, it was by no means a healthier one than usual. Throughout the later summer and the autumn months, the district lying behind the settlement was inundated, and the unfilled lots of the latter were either marshes or covered with a thin sheet of water varying with the fluctuations of the Yangtze. The vapours arising from these filthy pools rendered their neighbourhood extremely unpleasant, and were probably one of the chief sources of the prevalent malarious disorders. Although a marshy district and wet decaying organic matter are not the only necessary factors in the production of malaria, which is occasionally met with in a dry soil and even in mountainous regions at a height of several thousand feet, yet there can be no doubt that there is often a causative relationship between them, for in numerous instances malaria has disappeared or diminished according to the drainage and cultivation of the soil, or even in correspondence with the dryness of the year. In spite of such well known facts, and the notorious unhealthiness of river banks in the East, there is here apparently no sanitary regulation applicable to the British Concession, under which landowners could be compelled to raise the vacant lots above the average summer level of the river, and thus remove a dangerous nuisance from our midst.

The abundant opportunities of becoming acquainted with the different types of fever prevalent among the Natives in this quarter which the Native Hospital affords, and the cases of continued fever annually occurring among foreigners, tend to confirm an opinion expressed by several writers, that typhoid fever is rarely found where malarial fevers are endemic. With regard to this point, Hertz expresses his views in terms which describe exactly the state of matters here. He writes as follows:—"I do not assert that there is a law of complete mutual exclusion as to time and place between these two diseases, but this much I can declare from my own experience, that in Amsterdam, where all types of malarial fever are indigenous, typhoid fever is among the greatest rarities." (Ziemssen's *Cyclopædia of the Practice of Medicine*, English translation, ii., 580.) The difficulty of defining some of the fevers encountered in malarial and stercoraceous atmospheres has of late given rise to the term "typho-malarial," and if this term may be applied to malarial fevers which exhibit many of the symptoms of typhoid, but without the characteristic roseola, it would include one type of fever prevalent here.* In the instances referred to, there is a high temperature increased towards night, splenic enlargement only slightly marked, iliac fulness and tenderness, meteorism, frequent loose stools, great prostration, and a persistence of the fever over three or more weeks in patients under the full influence of quinine. The course of the temperature, however, differs from that of normal typhoid, inasmuch as on certain days the increase begins early in the afternoon and is followed by a decline of one or two degrees by ten o'clock, which may be followed by a morning

* In the *British Medical Journal* for September 1876, there is a report of an epidemic of typhoid fever in Paris where rose-coloured papules were absent in the majority of cases.

exacerbation. Over a period, there is an irregularity about the rise and fall of the temperature sufficient to distinguish the fever from typhoid, but in the cases observed part of this may have been due to the cinchonism.

A few examples of rötheln were met with in spring, but it did not assume an epidemic form. Those attacked were apparently in good health up to the time when febrile symptoms occurred, followed in the course of the day by a measly eruption, and accompanied with conjunctival and pharyngeal redness and slight catarrh. The only inconvenience from the attack arose from the appearance of the spots, which took a few days to disappear. An epidemic of small-pox was watched in one of the institutions for native children, where many were unvaccinated. Out of fifteen attacked only one died, the disease fortunately showing itself of a mild type.

Only one case of sunstroke (fatal) was met with among foreigners. The victim was a traveller about fifty years of age, who had taken his passage on one of the smallest of the river steamers, on board of which the thermometer during the day rose to 97°. The night previous to the attack he was sleepless and restless, but he started for a few hours' exercise in the morning. About 11 A.M. he complained of fatigue, and thereupon lay down. Soon afterwards he was observed apparently in deep sleep. At 1.30 P.M. an effort was made to rouse him but failed. It was repeated after an hour's interval, but was again unsuccessful. The head was now felt to be burning hot, and ice was forthwith applied, but as this turned out ineffectual, medical assistance was sought, and at 3.30 P.M. the patient's condition was noted as follows:—Skin parched and burning, temperature 110°, pulse at wrist imperceptible, pupils contracted and undilatable, eyeballs fixed, conjunctivæ insensible to touch, breathing stertorous and irregular, face and lips congested, livid, bloated; no power of swallowing. The patient was now stript, laid out on deck and freely douched with water drawn from the river, a blister was applied to the scalp, and a purgative enema administered. After the use of the douche, the temperature began to decline, and at the end of one hour it was 100°, the lividity also diminished and breathing became more regular, but there was no return of the pulse or dilatation of the pupils, and the case ended in death at 8.30 P.M. On post-mortem examination, nine hours after death, there were found enlargement of cerebral veins and sinuses, and an enormous serous effusion lying over the surface of the brain and elevating the membranes, at some points to the height of half-an-inch. The arteries at the base were atheromatous, the lungs congested, and the left adherent throughout to the chest, liver and kidneys both in a state of fatty degeneration. In addition to the measures employed, the subcutaneous injection of quinine might have been tried, although there is no evidence to show that it could have been of any use at so advanced a stage. In a case which occurred in England (*Lancet*, 1876, ii., p. 153), the pupils responded to light and the pulse was 141, full and hard. Four grains of quinine were injected subcutaneously forty minutes after the beginning of the attack, and cold was applied freely by ROBERTS'S coil. Recovery followed, but not more rapidly than in similar cases after the use of the douche. In Dr. HALL'S patient, five grains of quinine were injected and recovery gradually ensued, the pupils were dilated, the pulse full and rapid, the temperature is not stated. In another instance mentioned in the article on sunstroke in the *Practitioner* for March 1876, no definite record of the symptoms is given, but cold was assiduously employed from the onset. It failed to do more than reduce the

temperature of the surface to its natural standard, but recovery almost instantaneously ensued after the use of quinine. The effect, however, was almost too decided to be altogether ascribed to the drug.

A fatal case of dysentery came under treatment two days before death. The patient had kept moving about on board ship until compelled by weakness to lie up. When removed on shore at 8 P.M. September 6th, he was collapsed, cold perspiration on face and extremities, voice weak and hoarse, pulse 136, small and feeble, temperature 101·2°. Pain in right iliac region, tenderness and hardness extending into lumbar region and towards hypochondrum. Hiccup frequent. Odour of breath pyæmic. He was delirious during the night, and had four liquid, grey, fetid, dysenteric motions. He fell into a comatose condition on the evening of the 8th, and died at midnight. On opening the abdomen, a small perforation was seen near the inner border of the anterior surface of the cæcum at the lower third; air escaped through it, and on applying gentle pressure, fæcal matter flowed out freely and greatly enlarged the opening. The mucous and muscular coats of the cæcum were extensively destroyed by ulceration, and the ascending colon was studded over with numerous circular ulcers. It is rare to read of perforation of the bowel resulting from dysentery, and perhaps in this case it may have been partially due to the effects of a severe attack of Malta fever two years previously. In that disease, "the caput cæcum is generally very deeply congested and frequently covered with ulcers, some small and circular, others large and ragged." (*Edinburgh Medical Journal*, July 1876, p. 45.) It is surprising to read the brief notice of the use of ipecacuanha, in a recent article on dysentery by HEUBNER of Leipzig, in ZIEMSSEN'S Cyclopædia. His reference to this valuable drug is as follows:—"The emetic should be given at the beginning of the dysentery, especially where nausea and the so-called status gastricus exist. The best medicine is the long renowned ipecac., in doses of from 15 to 30 grains until thorough vomiting takes place." * This mode of using the drug is contrary to the method by which its most valuable effects are to be obtained, for to secure its almost specific influence on dysentery means must be tried to prevent the emetic action. If ipecacuanha can be retained, as is possible in most cases of severe dysentery where its use is preceded by strict abstinence for some hours, and by the administration of an opiate, it is almost a certain remedy, and is much more reliable in this disease than quinine or quinine and ipecacuanha in continued malarial fever. The grand array of remedies to be introduced by the stomach or rectum in chronic dysentery will be in small request if the acute stage be treated by full doses of ipecacuanha.

I had an opportunity, through the kindness of Dr. MACKENZIE of the London Mission Hospital, of tying the superficial femoral artery with a carbolized catgut ligature for the cure of a

* [Even DUTROULAU (*Traité des Maladies des Européens dans les pays chauds*, 2me éd., p. 576) says:—"J'ai donné la potion (brésilienne—4 à 8 grammes de racine concassée pour 125 à 250 grammes d'eau bouillante, qu'on jette tous les jours sur le même marc—) pendant cinq jours et alors même qu'elle ne provoquait plus les vomissements, parce que *si je regarde l'action vomitive comme la plus importante*, je crois pourtant aussi à une action topique substitutive sur l'intestin malade, qui me semble venir en aide à la première."

There are, however, signs that the value of ipecacuanha is gradually coming to be acknowledged on the continent of Europe. BRUNNER of Berlin (*Berlin. Klin. Wochenschrift*, 18th September 1876) gives a brief historical sketch of the treatment of dysentery in India, and then referring to his personal experience during two epidemics in the East, says:—"The result of the ipecacuanha treatment was so remarkable, so like the operation of a specific, that I am disposed to consider large doses of the drug as the true panacea against uncomplicated dysentery."]

popliteal aneurism. The patient was a confirmed opium smoker, and showed the characteristic appearances of excessive indulgence in the drug. Flexion was first attempted, and thereafter pressure over the femoral, but the patient was intolerant of both methods of treatment and would not allow them a fair trial. The artery was tied in the usual site but without antiseptic precautions. The whole length of the wound suppurated freely and secondary hæmorrhage was apprehended as it took over three weeks to complete the cicatrization, but the aneurism was most successfully consolidated. A catgut ligature, kept over five years in carbolized oil, does not readily give way when in contact with living textures. A piece of the same preparation was used in sewing up an extensive scalp wound and was left for ten days. The stitches were holding firmly when removed.

One case of anæsthetic leprosy was treated during eight months with gurjun oil, internally and externally. During the last two months, phosphorus pills were administered, and the constant current applied to the spine and limbs. There was no decided improvement discoverable by the æsthesiometer, but the patient thought he felt better, and the disease certainly made no progress while he was under treatment.

D.—Dr. E. I. Scott's Report on the Health of Swatow for the Half-year ended 30th September 1876.

Table of Cases observed among Foreigners.

A.—Zymotic Diseases.

1.—*Miasmatic Diseases:*—

Diarrhœa,	25	cases.
Influenza,	6	„
Intermittent Fever,	52	„
Boils,	8	„
Cholera Biliosa,	1	„
Ophthalmia,	2	„
Typhoid Fever,	1	„
Dysentery,	1	„

2.—*Enthetic Diseases:*—

Gonorrhœa,	38	„
Syphilis, Primary,	14	„
„ Secondary,	5	„
„ Tertiary and General,	4	„
Bubo,	5	„
Stricture of the Urethra,	1	„
Syphilitic Condylomata of Anus,	2	„
Epididymitis,	4	„
Iritis,	1	„

3.—*Dietic Diseases:*—

Scurvy,	1	„
Intemperance,	4	„

4.—*Parasitic Diseases:*—

Scabies,	1	„
Ascaris Lumbricoides,	1	„
Tænia Solium,	4	„

B.—Constitutional Diseases.

1.—*Diathetic Diseases:*—

Rheumatism,	4	„
Gout,	2	„
Lupus,	1	„

2.—*Tubercular Diseases:*—

Phthisis,	2	cases.

C.—Local Diseases.

1.—*Diseases of Nervous System:*—

Neuralgia of Head and Face,	4	„
„ „ Intercostal muscles,	1	„
Meningitis,	1	„
Paralysis,	2	„
Laryngismus Stridulus,	2	„

3.—*Diseases of Respiratory System:*—

Pleurisy,	1	„
Pneumonia,	3	„

4.—*Diseases of Digestive System:*—

Congestion of Liver,	2	„
Jaundice,	2	„
Colic,	1	„
Pharyngitis,	2	„
Dyspepsia,	2	„
Constipation,	2	„
Ulceration of Tongue and Mouth,	1	„
Congestion of Spleen,	1	„
Gastritis,	2	„
Catarrh of Stomach and Bowels,	5	„
Inguinal Hernia,	1	„
Inflammation of Liver,	5	„
Piles,	5	„

5.—*Diseases of Urinary System:*—

Cystitis,	1	„

6.—*Diseases of Locomotive System:*—

Synovitis,	2	„
Periostitis,	4	„

8.—*Diseases of Integumentary System:*—

Ulcer of Axilla,	1	„
Urticaria,	1	„

Ringworm,	4 cases.	*D.*—Developmental Diseases.	
Abscess,	1 „	1.—*Of Women:*—	
Prurigo,	1 „	Leucorrhœa,	1 case.
Ulcer of Leg,	2 „	Menorrhagia,	2 „
Acne,	1 „	*E.*—Lesions from Violence tending to Sudden Death.	
Psoriasis,	1 „	1.—*Accidents:*—	
Lichen,	1 „	Compound Fracture of Finger,	1 case.
Paronychia,	4 „	Scalds,	2 „
9.—*Diseases of the Eye:*—		Incised Wound of Scalp,	1 „
Pterygium,	1 „	Sunstroke,	1 „
Amaurosis,	1 „		

This table shows a total number of 270 cases of various diseases, of which zymotic diseases are far more abundant than any other, indeed than all other, classes put together. Under the head of miasmatic diseases, diarrhœa and intermittent fever are most prevalent, but with one exception there have been no bad cases of either. The total number of resident foreigners is about 150. The cases of disease occurring among these were as follows:—

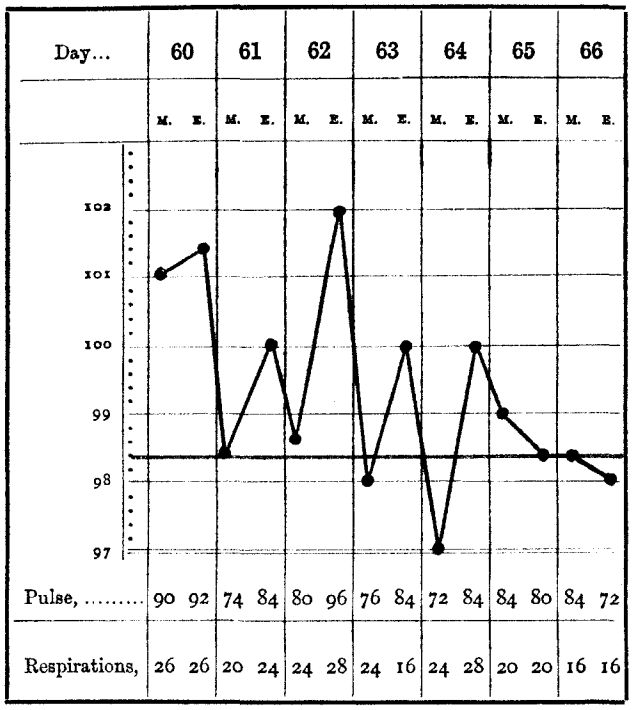
Diarrhœa,	7 cases.	Boils,	2 cases.
Influenza,	1 „	Ophthalmia,	1 „
Intermittent Fever,	22 „		

This is not a very heavy catalogue, and no cases proved either tedious or severe.

The climate of Swatow is one of the healthiest and most delightful in the world. The summer months are not very hot; the maximum of the last six months (29th and 30th July) was 88°, and on the nights following these days the mercury fell to 79° and 81°. It is always so here; the days are hot, but there is enough fall at night to make the air pleasantly cool yet not enough to produce chills. Even in the hottest weather there is daily a refreshing sea-breeze which gives bloom to the cheeks and vigour to the frames of the most feeble. I have seen delicate children brought here almost dying who have got well and strong in a short time; and delicate adults who could hardly exist at home, or in other parts of China, quickly gain strength in this genial climate. The principal part of the population is due to the shipping, and from it the list of diseases is principally made up. Intermittent fever is common among sailors who sleep on the decks of their ships with very little covering, and who swim under the hot sun. Whether partially protected or not by a hat, a man who swims at an unseasonable time is almost certain to be prostrated by fever within twenty-four hours. Apart from these causes, fever is rare, and ague is almost unknown.

One severe (imported) case of diarrhœa in a child of three months was under observation. It had lasted for some weeks before I saw it, and when I was called the infant was apparently moribund. It was comatose from a dose of chlorodyne which had been administered in despair by its parents. In this, as in many other like cases, I found the internal administration of iron of the greatest value. Under 1-grain doses of the pyrophosphate improvement was at once marked. Either the pyrophosphate or the muriate tincture may be employed, but the former is generally to be preferred, as it is less nauseous and less apt to turn milk sour. In very anæmic infants

suffering from diarrhœa, this line of treatment has always succeeded well in my hands. This child, though it continued to be troubled with diarrhœa for some weeks, finally recovered, and is now tolerably healthy. One case of typhoid was brought here in a ship from Newchwang. It was interesting as showing how long this fever may continue, and its liability to relapse. The patient came under my care on the 12th June, but had been ill with fever and diarrhœa from the beginning of April. He had had medical advice at Tientsin and also at Newchwang, and was apparently well before leaving the latter port for Swatow. When two days at sea, diarrhœa and fever again set in, for which he underwent a course of treatment from his captain, consisting of half-an-ounce of castor-oil every night. This did not improve matters, and when he arrived he had great pain over the abdomen and tenderness over the ileo-cæcal valve. He was breathing heavily, and sibilant râles were audible over the upper lobe of the left lung. Face very much flushed; tongue dry and brown; lips and teeth covered with sordes; pulse feeble and dicrotous; heart very weak, first sound inaudible; pupils dilated; belly and chest covered with rose-coloured spots. He was sweating profusely and exhaled a strong fever odour. This must have been the *sixtieth day* of his fever. Under two ounces of port wine every two hours and five grains of quinine every four hours, he rapidly improved. I subjoin a chart of his temperature, pulse and respiration, from the day I first saw him until he was convalescent.



In many cases of enteric fever which (not at this port) have during the past three years come under my care, I have obtained excellent results from the free exhibition of quinine. I believe that it lowers the temperature almost after the first half-dozen doses, and it seems to control the diarrhœa better than any other remedy.

Enthetic diseases stand first in severity and importance. There were 75 cases, out of which 38 were cases of gonorrhœa, and 24 of syphilis in various stages. This class of disease is almost entirely confined to sailors. Many of these cases were interesting in so far as they illustrated the difficulty of predicting whether any given sore seen for the first time will be followed by constitutional symptoms;* or, though not syphilitic, will take on phagedænic action; whether it will heal without difficulty or delay, or give rise to troublesome buboes. The future of the patient and the reputation of the surgeon are both in a great measure at stake, and I believe it is impossible to decide the question for at least a month after the first appearance of the sore. But as a general rule, subject to occasional exceptions, the earlier sores appear the less likely are they to prove syphilitic; and this whether they be single, multiple or successive, healthy in appearance or with a tendency to slough. On the other hand, what appears at first to be a soft chancre sometimes develops in a few weeks into an indurated sore with constitutional sequelæ; while yet again, there may be hardly any induration at the site of a sore and no induration in the inguinal glands, and yet syphilis may manifest itself in all its severity. I frequently see this absence of induration of the glands in a person suffering from syphilis; but I have never seen an indurated lump on the prepuce, and indurated glands in the groin and neck of any person who, sooner or later, did not show other symptoms of syphilitic disease. In such cases I invariably try to persuade the patient to undergo treatment for syphilis without delay, and to continue under treatment till all induration has gone from the glands and the site of the primary sore. This may require eighteen months or two years, and even perhaps longer. Upon this point RICORD explicitly declares the absolute necessity of a course of mercury, continued, with due intermissions and precautions, for something like twelve months.†

* [Tout les malades s'informent, en effet, des suites possibles d'un ulcère commençant, demandent s'ils auront des accidents secondaires, et il y a, sinon grand profit réel pour eux, du moins avantage pour le médecin à pouvoir les éclairer sur ce point. Or, le diagnostic entre le chancre et la chancrelle étant, en règle générale, facile, il est ordinairement possible au médecin de répondre à la question qu'on lui pose. Mais, notons le, il est alors bien plus autorisé à effrayer qu'à rassurer; car, si en présence d'un ulcère qui offre les caractères évidents du chancre, il est fondé à présager et à prédire la vérole, tout au contraire, en présence des caractères évidents de la chancrelle, il doit rester dans le doute, ou tout au moins demander du temps avant de se prononcer. Il se peut, en effet, que le germe d'un chancre ayant été déposé, lors du même coit, au point où s'est développée la chancrelle, le chancre apparaisse à son tour, après les quinze ou vingt jours de son incubation réglementaire, et, transformant en chancre l'ulcère où vous n'aviez, d'abord, vu qu'une chancrelle (c'est le chancre mixte) donne au pronostic que vous auriez émis d'après cette notion favorable, alors forcément incomplète, un démenti cruel pour le malade, pour vous on ne peut plus compromettant. Que j'ai vu d'examples de gens indûment tranquillisés par un médecin trop pressé de porter son jugement, et qui, sur la foi de cette sentence encourageante, laissaient aller les préparatifs d'un mariage et se trouvaient en pleine éclosion vérolique à la veille de signer le contrat! DIDAY. *Maladies Vénériennes*, Paris, 1876; page 231.]

† [DIDAY, the justly celebrated head of the medical staff at the Antiquaille, may be cited as the chief and representative in Europe of the eclectic specialists. He quotes in his recent work (*Maladies Vénériennes*, p. 279) a table drawn up by JULLIEN from information supplied by specialists in France, England, Belgium and Italy. From this it appears that out of 218 patients 59 took no mercury, 47 took it from the appearance of the initial lesion, and 112 took it from the first appearance of secondary symptoms. Taking these three classes, tertiary symptoms appeared on an average four years after the chancre in the first class, eight years after it in the second, and three years after it in the third. These symptoms, moreover, presented least gravity in the first class, more gravity in the second, and most of all in the third. "Hence," says DIDAY, "mercury administered while the chancre exists neither prevents nor diminishes the secondary manifestations; administered while the chancre exists and during the secondary stage, it neither prevents nor diminishes the tertiary manifestations."

Upon this, one must remark that the conclusion does not necessarily follow from the facts enumerated. Comparing classes 2 and 3, the statistics may only prove that it is advisable to begin a gentle mercurial treatment from the first appearance of the chancre rather than to wait for secondary symptoms. As to class 1, its members were probably cases trivial from the first, else in at least some of them specific treatment would have been adopted; unless, which is not asserted, class 1 were

The ignorant prejudices of patients often make it difficult or impossible to persuade them to continue specific treatment. But I have at present many persons under my care who have been under treatment for various periods under a year, not one of whom has ever expressed himself as suffering the least inconvenience from it, or who has been unable even for one day to go about his usual duties. Some of these have remarked to me that surely the medicine could be doing them very little good, they felt its effects so slightly. The preparation of mercury I chiefly use is the perchloride. Half-drachm doses of the official liquor, combined with compound tincture of cinchona and compound decoction of sarsaparilla, I find very useful for a lengthy course. Five-grain doses of Plummer's pill three or four times daily answers the purpose very well. In the eruptive stages, mercurial vapour baths are of use so long as they do not prove too depressing. A very safe guide is the weight of the body. If the patient maintains his weight or increases it, the treatment may safely be continued, but if he steadily loses weight, the drug ought to be administered very carefully, cod-liver oil being at the same time prescribed, or the mercury should for a time be altogether withheld. Watching the weight of the body carefully, and always insisting on a generous diet with a fair amount of stimulants—always a quart of porter a day—I find that mercury, with very few exceptions, agrees well, no matter for how long a time it may be taken. The following cases illustrate these remarks:—

1.—A. B. consulted me early in the year. Three days before he saw me he had been exposed to infection, and now presented a small sore on the prepuce. It was not more than two lines in diameter and was neither indurated nor inflamed. Black wash was applied, periodide of mercury was ordered internally and a generous diet recommended. A fortnight later a second ulcer appeared, which soon coalesced with the first, forming a ragged excavation. A week after this, that is, about a month from the commencement, the whole prepuce became inflamed and the sores began to spread rapidly. There was slight tenderness in the left groin, but not more than might have been expected. There was no induration of the sore nor of the glands. He now passed from my hands into those of another practitioner and I learned that he soon began to improve and that the sores healed up entirely. A month later, or nearly three months from the commencement of his disease, he again came to me with an enormous bubo in the left groin, which had increased very rapidly. He was anæmic and emaciated, but there was no sign of constitutional syphilis about him. The bubo suppurated and burst and was finally freely opened, and healed up in the course of five or six weeks. He is now as well as ever.

2.—C. D., mate of a sailing vessel, visited me early in April. He was then covered with a very slight coffee-coloured eruption on the chest and back, and had been under treatment for some time before he consulted me. Had contracted a small chancre in February, which healed easily without any application but cold water and without internal remedies, but the site of the sore remained cartilaginous; he then noticed hardness of the inguinal glands, and towards the middle of March this mottling of the skin appeared. When I saw him there was a hard cicatrix on the original site, the glands in the groin were like marbles, and there was a large bunch of hard glands on either side of the neck. He was at once put on perchloride of mercury and sarsaparilla, and given a mercurial vapour bath every second day. Under this treatment the eruption faded away in about fourteen days. He left Swatow for the North of China in the end of April, and I ordered him to take five grains of Plummer's pill three times daily till he saw me again. He returned in June and was then recovering from a hardly perceptible papular eruption which appeared principally on

drawn without any selection of cases from the practice of men who do not give mercury under any circumstances. But even were this so, it might happen that the worst cases are not submitted to men known to hold a hard and fast theory. This last argument is suggested by OLIVER WENDELL HOLMES'S caustic remark, that "when a doctor boasts that he has no mishaps in his practice the explanation invariably is that when people are seriously ill they go elsewhere for advice."]

his face and arms. He still continued to take the Plummer's pill, felt well, ate well and gained flesh. He was obliged to discontinue the pills from time to time on account of small ulcers on his tongue and lips, which healed up as soon as he left off the mercury for a day or two. With these omissions he took his medicine steadily. By this time the induration on the site of the chancre had almost disappeared, the glands in the groin were getting soft and the bunches of hard glands in the neck had quite disappeared on the right side, and were almost gone on the left side. Altogether he was in a most favourable condition and wished very much to discontinue his medicine. This case shows how safely a mercurial course may be given to a man moving about constantly from one place to another, and how very little inconvenience such a course entails. It is worthy of note how very much the syphilitic symptoms were modified by the treatment. After the chancre had healed, there were only two very slight eruptions and some slight ulcerations of the tongue and lips.

3.—In Sept. 1874, E. F. contracted gonorrhœa which yielded to the usual remedies in the course of three weeks. As the gonorrhœa got well he observed a cartilaginous lump on the prepuce which ulcerated slightly and developed into a typical hard chancre. He was a small delicate man, aged 27, very thin, weighing 120 lbs., and though far from strong was very hardworking, usually spending ten or eleven hours daily in his office. A mixture of iodide of potassium and liquor hydrargyri perchloridi in sarsaparilla was prescribed, and cold water was applied to the sore, which healed without any trouble. The glands in the groin were very hard and so also were those in the neck and inside the arms. In November a slight coffee-coloured eruption, or rather mottling, appeared all over his body, but was hardly observable except here and there on the trunk and limbs. It passed away in a few weeks. The patient's weight was now 110 lbs., his appetite was bad and he suffered from great depression of spirits. I ordered him to take plenty of nourishing food, with wine, porter and cod-liver oil, forbad hard work and changed his medicine to the perchloride with compound tincture of cinchona. About three weeks after this, towards the end of December, a slight papular eruption appeared on the legs and trunk. He continued to lose weight though his appetite was much improved. Plummer's pill was now ordered, and the eruption again passed away in a very short time. No new symptoms occurred till towards the end of February, when his left eye got weak. There was slight irregularity of the iris, a faint zone of inflammation round the cornea, wth some dimness of vision and supraorbital pain at that side. This attack of iritis only lasted five or six days, and since then he has had no new symptom of the disease; but as the hardness continued in a great degree in the glands I urged him to continue steadily under treatment and he has continued to take mercury in some form with occasional intermissions until now. He has improved much in health, he has gained in weight and is in fact quite well. The induration of the glands has almost disappeared. Although he took mercury for two years he suffered no inconvenience from it, nor was he confined to his room for a day except when he suffered from iritis. Here the various symptoms were very much modified and lessened in intensity, so much so that the iritis might easily have escaped observation by anyone not acquainted with the case and expecting such an attack.

In this place I may fitly relate an interesting case of extravasation of urine consequent on stricture of the urethra.

G. H., mate of a sailing vessel, came to see me on August 24th, telling me that his urine was coming away in drops continually, that he had constant desire to make water and that the bladder seemed always to be full. "But" he said, "that can't possibly be the case, as I am passing urine all the time." After a few questions I suggested to him that he was suffering from stricture and ought to have a catheter passed. This he would not listen to, declaring he never had had a stricture and that he knew that he had only a cold in the bladder, as he had often been the same way before, particularly after getting wet. I saw nothing more of him till the 27th, when he was complaining of intense pain and of swelling of his scrotum. He told me he had been going about a good deal on shore and drinking a great deal of gin, under the impression that it was good for the bladder. All this time his urine was dropping away from him and he

had constant desire to empty his bladder but never could do so. On examining him I found that he had lost nearly his entire penis, there being only a short stump of about half-an-inch long left. He said that this was the result of sloughing phagedæna some eight or nine months previously, but I have reason to believe that he lost it several years ago. The opening of the urethra was almost closed and there was a little urine oozing from it; the scrotum was greatly swollen and measured about eight inches in diameter; there was a blush of inflammation down the inside of each thigh and also over the abdomen stretching along each groin as high as the false ribs; there was no œdema on the thighs or abdomen at this time; the tongue was thickly coated with brown fur, the pulse was 120, the temperature 105°. I endeavoured to pass a No. 1 gum-elastic catheter into the bladder, but failed to introduce it more than one inch, when it was stopped by a tight cartilaginous stricture. He then told me that since he had lost his penis he had experienced great difficulty in voiding his urine, often being obliged to spend as long as half-an-hour endeavouring to do so. At these times he noticed a swelling in his perinæum which sometimes became as large as his fist and gradually went down as the urine passed off. This swelling gave way shortly before he sent for me and the scrotum then swelled up almost immediately. As I could not pass a catheter and the urine was coming away tolerably freely I determined to leave him as he was till the following morning. I ordered him carbonate of ammonia with bark every four hours and chloral at bed time.

28th.—The scrotum was more enlarged and of a purple colour. Just under the opening of the urethra, at the top of the scrotum, there was a slough forming, and from this the urine came freely as he wished to pass it. The inflammatory blush on the thighs and abdomen was much increased and the abdomen was œdematous from the ribs downwards, except in the middle line. The inflammation extended somewhat round to the back also. Pulse 144, and very weak; tongue very dry and brown; temperature 105°; bowels open. I determined to incise the infiltrated parts as soon as possible, and with Dr. GAULD's assistance made two incisions in the scrotum at the most depending part, allowing the escape of a large quantity of urine. Several punctures were made in the œdematous part of the right side of the abdomen, but it was not thought necessary to make any incisions on the left side. I continued the bark and ammonia, and ordered him two ounces of port wine every two hours and strong beef-tea as much as he could take.

29th.—A little better; scrotum much reduced in size. More œdema about the abdomen. Pulse 120; temperature 104°; tongue very dirty and dry; bowels open; urine coming away freely by the incisions in the scrotum and by the sloughing opening at the root of the penis. I endeavoured to get a catheter into the bladder through one of the incisions but failed to do so. He was now able to hold his urine up to a certain time, but when the desire to micturate came, he lost control and the urine came away by all the openings. On the 31st he had several rigors.

Sept. 1st.—Matter apparently forming on the right side of the abdomen under the ribs; great redness and œdema in this situation. Matter flowing freely from the right incision in the scrotum; the left incision is nearly closed up.

2nd.—A large slough appeared in the right incision of the scrotum. Can press matter from the right groin through this opening. Seems much better. Tongue cleaner; pulse 100; temperature 101°. Bowels open once a day; takes plenty of nourishing food and twenty-four ounces of port wine daily. I still hesitated about opening the right side, though now there was no doubt about there being matter there.

3rd.—Can press matter from the right ribs through the opening in the scrotum. He is much better since the matter came away and has very little pain.

6th.—A slough about a foot in length came away through the scrotum, and great quantities of matter after it. Tongue cleaning; pulse 80; temperature 100°; feels quite well and eats plentifully. The left opening in the scrotum is closed. He passes urine now principally through the opening at the root of the penis, the opening of the urethra having completely closed up. Can hold his water very well. After this he made a rapid recovery, the right opening in the scrotum being completely healed up. He had a permanent fistula at the root of the penis. He has since left Swatow for home as mate of a sailing vessel, and was strong and well able for his duty.

BIRTHS.—Six: two male and four female children.

DEATHS.—Four: the first, a sailor, died in hospital of chronic cerebral disease; the second, a sailor, was drowned in the harbour; the third, an engineer of a steamer, died of dysentery. He had been ill for months, and having incautiously slept on deck one night he caught cold and died in a few days. It is worthy of remark that the day after he slept on deck the thermometer registered only 94° under his tongue, and the day he died only 92°. The fourth, a Manila watchman, was a very interesting case. He had been spitting blood for some weeks, and had been under treatment, but not improving he was removed from his home to hospital. He complained of great pain about the lower dorsal vertebra, he spoke in a very husky voice, and was spitting up a rusty tenacious sputa. When he coughed he had great pain in the spine. Careful examination of his chest only detected slight dulness in the lower lobe of the left lung and fine crepitus over a very limited area. Pulse 50; temperature normal. He appeared to be improving, and three days after his admission to hospital said he felt much better. Early on the next morning I was sent for in a hurry and found him dead, the bed and floor covered with blood. He had vomited quantities of blood and died almost instantaneously. I regret I could not make a post-mortem examination of the body. I believe he must have had an aneurism of the aorta, which pressing on the spine, gave him the pain in his back, and pressing on the lung caused the subacute pneumonia, symptoms of which I detected though I failed to detect any signs of an aneurism.

E.—Dr. A. R. PLATT's Report on the Health of Chinkiang for the Half-year ended 30th September 1876.

FOR the following report I am indebtod to Mr. R. J. GOLDSPINK, Harbour Master.

TABLE OF METEOROLOGICAL CHANGES, WITH PREVAILING WINDS.

MONTHS.	BAROMETER.		THERMOMETER.		PREVAILING WINDS.
	Max.	Min.	Max.	Min.	
1876.	inches.	inches.	° F.	° F.	
April,	30·87	30·17	81	44	E.
May,	30·57	29·93	92	57	S.E.
June,	30·49	29·89	87	64	S.E.
July,	30·38	29·95	95	70	S.E.
August,	30·43	29·97	90	74	S.E.
September,	30·84	30·24	90	58	S.E. and N.E.

The observations were taken every four hours,—those of the Barometer from the instrument mentioned in last report (an aneroid), those of the Thermometer from three different instruments, one of which showed the temperature at the time of observation; the others were maximum and minimum. The maxima recorded by the self-registering instrument frequently differed from those shown during the twenty-four hours by the ordinary thermometer. In such cases the maximum was taken from the instrument whose indication was the highest.

That the health of the foreign community was fairly good is in no way due to any regard paid to the most obvious hygienic requirements. Were the Concession more densely populated or less favourably located, the result of the prevailing neglect would be most disastrous. It is to be hoped that bad drainage, stagnant pools, the carrying of night soil at all hours of the day, and various other nuisances, may gain the attention of the authorities before they do further damage or sacrifice life. Should we ever be driven to leave the concession and seek the hills beyond, it will be through the occupation of foreign owned land by bands of squatters, whose foul sores and fevered bodies are on all sides exhibited as a plea for charity. Even the dead fail to receive decent burial, but are frequently left, encased in poorly constructed boxes, to the slow process of natural decay, to breed further disease and death. We live just far enough from Shanghai to be deluded into purchasing decayed vegetables and stale fish, and I have traced a number of cases of diarrhœa and dysentery to Ningpo oysters, crabs, and other imported articles of diet, whose wholesomeness during the months on which I am reporting might well be questioned. No death has occurred among foreigners.

With the generous aid of a few foreign and native residents I was enabled early in July to open a dispensary and small hospital for the indigent sick. The enterprise has been reasonably

successful, but as foreign medicine is a decided innovation in Chinkiang, I was up to a short time ago, except in aid of patients already moribund or by old chronic cases, seldom applied to. I am no longer surprised when I am confronted by complete anchylosis of ten years' standing, or by a request to cure an adult of congenital club-foot. The natives object to the restraint necessarily imposed during the treatment of chronic surgical cases, and elect to retain ulcers or deformities which for years have made them cripples, rather than undergo a more or less prolonged course of treatment, which is in every particular gratuitous. Even acute cases, unless placed in hospital, are far from satisfactory, as they seldom return save to procure a fresh supply of medicine, or to present some new form of disease.

The diseases which, during my residence of a year, have come under my notice, have been mainly either of the zymotic order or cutaneous, or have been referable to the alimentary canal. From the first I exclude scarlatina, measles, mumps, hooping cough, diphtheria and cerebro-spinal fever, all of which are rare or almost unknown, and under the second leprosy has been conspicuous by its absence.

It was not until the beginning of June that the annual epidemic of small-pox entirely disappeared; only one case occurred among the foreign community since last report. This was a severe one, and although the patient presented clear marks of former vaccination, with a history of an abortive attempt some three years ago, the case presented many of the grave symptoms of the confluent form. Under the external application of a strong solution of carbolic acid those pustules which were disposed to coalesce remained discrete, while those which from the first were scattered failed to reach the size arrived at on other parts of the body where the lotion was not applied. The solution at first gave great pain, but after a time was readily submitted to, even asked for, as it quickly allayed the local irritation. The patient made a good recovery and returned from a short sea voyage without any sign of pitting.

I have had several opportunities of trying the new remedy,—bromo-hydrate of quinine,—and I believe that when its use is more thoroughly understood, the profession will possess in it an agent of great value. It is far more powerful than the sulphate, more easily tolerated, and may be administered hypodermically without apprehension of ensuing abscess. The largest dose I have as yet given is three grains, which quickly produced cinchonism in a patient who had previously taken 18 grains of the sulphate in four hours without any unpleasant result. Since then I have confined myself to half-grain doses hypodermically, and of this strength have given three doses daily for eleven days to one patient, purposely confining my punctures to a space not over four inches square, and save the slight inflammation necessarily produced by the frequent passage of the needle, no untoward effect was observed.

In a case of typhoid fever in a native the temperature appeared to be certainly controlled by the drug, for whereas the mercury never rose above 102° during its use, my evening visit, after an unavoidable absence of twenty-four hours, showed an axillary temperature of 104·5°. The patient recovered.

F.—Dr. JAMES WATSON'S Report on the Health of Newchwang, for two Years ended 30th September 1876.

IN my last Report, which included two summers and one winter (from 1st April 1873 to 30th September 1874), I had occasion to remark on the unusual amount of rainfall, and I referred to the effect which this circumstance had directly and indirectly on the climate and on the health of Chinese and foreigners living in the district in which Newchwang is situated. The period now under review has witnessed a return of the climate with which we have usually associated this region. That is, the summers have been, as formerly, dry, the winds strong and frequent, the skies clear, the air bracing; while the general result has been that the natural stimulating character of the climate has replaced the depressing influences which I pointed out as characteristic of the summers of 1873 and 1874. The summers of 1875 and 1876 were, in fact, remarkable for excessive drought. As regards the climate during the last two winters, there is nothing very distinctive to remark, except that the winter of 1875-76 witnessed a heavier fall of snow than is common, and that the air was rendered somewhat less irritant than is usual in consequence of the dust caused by the great cart traffic being thus laid.

Although the heat was greater in the last two summers than in any I have experienced here, it was as a rule better borne by the residents than during some which were distinctly milder. Indeed, the general health of foreigners and well-to-do Chinese was quite up to the average, and if in the period under notice invasions of disease were threatened, such as are fortunately by no means common, these may have been independent of the heat, drought or climate, and may more properly be referred to the insanitary condition of the localities in which the diseases I refer to manifested themselves. Cholera, measles and scarlet fever visited the foreign community, there being at least one case of each, while amongst the Chinese measles was very common and scarlet fever far from rare. In the native town there were many cases of severe diarrhœa, and cholera was *reported* to have appeared also.

The case of cholera occurred on the evening of the 15th August 1875, and the subject was a sister belonging to the Catholic Mission. She had been able to discharge her ordinary duties during the day, and in the evening visited the chapel, where she remained some time. About eight o'clock I was sent for, and found her almost pulseless, very pale and cold, suffering intensely from cramp, and to all appearance at the verge of death. Vomiting and diarrhœa had been severe and still continued. I at once gave her some brandy and applied mustard poultices and hot bottles, while some of the sisters energetically rubbed the abdomen and limbs. After a while there was a slight reaction, but in spite of continued friction, the free use of stimulants—brandy, chloroform, ammonia—and astringents, the patient gradually got worse and died the next morning, fourteen hours from the commencement of the attack. I did not dare to give more than one or two doses of opium, so far advanced was the case. This was the only case that occurred amongst foreigners. I think it is probable that it was due not to contagion from the Chinese, but to the wretched house the sisters lived in, its very insanitary surroundings, and the delicate health of the sufferer. The house was originally built for Chinese, and the floor was not

raised. It was close to a large number of Chinese houses similarly built, and which were and are still occupied by a considerable colony of Roman Catholic Christians. In the immediate neighbourhood manure heaps were gathered, and in surrounding trenches stagnant water and drainage from the manure heaps accumulated. As if these unhealthy conditions were not enough, the compound in which the houses were built was an old Chinese burying ground. The soil is saturated with organic matter. A well had been dug close to the house occupied by the sisters in the hope that the water, if not fit for cooking, might do for other domestic purposes. Water from this was found strongly impregnated with sulphuretted hydrogen, and it was impossible to hold one's nose over the well for more than a very short time, so pungent was the smell. It was of course condemned.

I have entered into these particulars about the mission compound because it has earned a somewhat unenviable reputation as the one place in the neighbourhood of the foreign settlement where malignant fevers have prevailed among foreigners and Chinese. Besides this case of cholera, two priests were attacked with typhus, one of whom died. Another priest arrived from the country troubled with a slight diarrhœa, and after a day or two's residence was attacked by intermittent fever while the diarrhœa passed into dysentery, and he died exhausted. Other two sisters died, one from chronic gastritis, supposed to have been induced by eating poisoned food in Chefoo; but while this may have excited the attack in the first instance, it seems probable that the irritation was kept up by the unhealthy house in which she lived. The other sister died after suffering from rheumatic fever, from which she was apparently recovering when an acute attack of inflammation of the lungs determined the fatal issue. While disease and death were thus prevalent in this compound, the general health of the community was good, and so far as typhus and cholera are concerned, they were strictly limited to the mission premises. In these buildings, in the space of little more than twelve months, an adult European mortality occurred equal to that of the whole foreign community during a period of twelve years. *

The case of measles occurred in a healthily situated house, about half a mile from the settlement, and its origin was easily traced to contagion from a servant who had several members of his family sick of the fever at the time. The disease was very common among the Chinese, but this was the only case in the foreign community. The fever was severe and the lungs suffered, but eventually the child, two and a half years old, made a good recovery.

Scarlet fever has but once before occurred in my practice at this port, and in the period under notice I have only three cases to comment on. Two of these were young girls, sisters, and they both had severe attacks; in both cases the throat was very much inflamed, the fever ran high, but although I daily tested the urine, I only very rarely detected albumen and that in minute quantity. Both patients made a good recovery. The house in which these children lived, like so many here, had the floor only a few inches above the ground. The other instance was so slight that but for the other two cases it might have been overlooked altogether. There was very mild febrile action and slight sore throat, but the rash was distinct and ran the ordinary course. The child could scarcely be said to be sick. When I saw it first the eyes were bright and the skin hot, but with the exception of the throat symptoms and the eruption, all signs

* The mission has how purchased one of the best houses and compounds in the settlement, and new buildings are to be erected next year for the sisters.

of fever had passed away in twenty-four hours, and it was never necessary to confine the child to bed.

Besides these medical cases which I have shortly reported, there were many of the ordinary every-day ailments which do not call for any notice. Some surgical cases of interest have come under my care and I will now devote a few paragraphs to them.

Fractures have been somewhat frequent but none of them of more than ordinary interest. One case of dislocation of the last dorsal from the first lumbar vertebra I may mention as it is by no means a common accident. It occurred in this way. Several coolies were covering the main hatchway of a steamer in the river, and as they found some difficulty in getting one of the planks to fit down properly, they jumped on the top of it to force it into its place. In doing so the plank gave way and one of the coolies fell through it into the hold and struck his back with great force against a package. The man was brought to my house and I discovered the lesion. There was also probably a certain amount of crushing of the vertebræ. Below the seat of injury there was complete paralysis. He was treated for some time, but as the only symptom of improvement was increased ability to pass urine, he was at his desire sent to Chefoo, *en route* to his native place in the interior of Shantung. He reached Chefoo and was kindly cared for there by Dr. HENDERSON, who hired coolies to carry him to his home, but he had only travelled in this way a few days when he died.

A case of some interest occurred on board an English vessel in harbour. The master was called on deck on the evening of 12th April 1875, as he was about to retire to rest. He had scarcely been on deck a minute when one of the crew, a negro, who was tipsy, stabbed him in several places. One stab in the abdomen, close to the navel, penetrated the peritoneal cavity, and another entered the apex of the lung. When I got on board I found a round tumour projecting from the abdominal wound. It consisted of a portion of the omentum and a knuckle of bowel about two inches in diameter. The bowel was dry and hard from several hours' exposure, and I found a little difficulty in returning it. The wound in the lung was small, but air and froth exuded from it. I closed the abdominal wound with a few stitches and that of the chest with a pledget of lint. The patient did well until the fourth day, when he suffered from a sharp but circumscribed attack of peritonitis. The lesion in the lung gave rise to pneumonia and bronchitis, but in spite of these untoward circumstances, the patient was able in about five weeks to leave hospital and proceed to his ship. The chest wound, although small, and in the first instance apparently unimportant, in as much as it healed very readily, gave rise to a disagreeable cough which irritated the patient long after all abdominal symptoms had disappeared.

Several injuries from firearms have come under my care. Two of these necessitated amputation, one of the forefinger, and the other of the thumb. In the latter case there was also an immense scalp wound, caused by the gun bursting in the act of being fired. A portion of the skull as large as a medium sized hand was laid bare. Some hours had elapsed from the time of the infliction of the injury until I saw it, as the accident took place several miles up the river, where my patient with a friend was on a shooting excursion. It was necessary to put in several stitches to keep the scalp in its place, but in spite of the severity of the shock no fever or cerebral symptoms supervened except deafness, which persisted for some weeks. The scalp wound healed throughout its whole extent by the first intention.

I will only narrate one more surgical case, and as it is of a character fortunately rare in civil practice, I will give it at some length. On the afternoon of the 19th September 1875, I was asked to visit a Chinaman who, I was told, had sustained a serious gunshot wound. He was said to be lying at an inn about a mile and a half from my house. On reaching the place, I found the unfortunate patient lying on the road in a pool of blood, with no covering but a small mat placed between him and the direct rays of the sun. I was told that the wounded and another man were travelling together in one of the native carts and that the arrangement between them was that they were to ride and walk alternately. The wounded man had been walking for a considerable distance and he thought it was now his turn to ride. His companion disputed this and persisted in still occupying the cart, until at last, weary from travelling and exhausted by the great heat, the pedestrian jumped into the cart and tried to turn the other out. A fight ensued, during which the occupant of the cart fired a double-barrelled gun at his assailant. One ball entered the right lung, while the other passed through the right forearm, lacerating the muscles terribly, carrying away the lower third of the ulna, and damaging the bones of the wrist.

On examining the wounds more carefully, I found that the ball which entered the chest passed between the third and fourth ribs and about one inch to the right of the sternum. On looking behind I saw there was no wound, but I felt the bullet beneath the skin, lying midway between the superior angle of the scapula and the spinal column. The anterior wound was large enough to admit the forefinger, and through it I could see the movements of the lung. Blood welled from the orifice at every act of respiration. The distress of the patient was very great; but the application of a piece of lint to the wound, dipped in water, relieved the breathing very much.

The other bullet had entered the forearm at the anterior surface. It passed through the skin and muscles, and spent its force on the ulna, the lower third of which it completely smashed, while it injured to a slight extent the bones which formed the first row of the carpus. The muscles of the posterior surface of the forearm were torn and contused. The radius was uninjured. The wound of entrance was very small and quite circular, while that of exit was six inches long. There was very little bleeding from the forearm, and the larger bloodvessels were but slightly injured.

On removing the man to my house I cleaned out the dust and powder from the wound and dressed it with carbolic oil. Large sloughs separated from the muscles and a great discharge of pus took place, but as the patient was very anxious to retain his arm I made an attempt to save it. At all events I did not urge its amputation, as I expected that the poor fellow would die from the severe chest injuries and the shock his whole system had received. He had, moreover, been greatly weakened by the loss of blood and by his exposure for six hours to a burning sun. He suffered a great deal from oppressed breathing and violent coughing; but notwithstanding these symptoms the wound inflicted in the chest by the entrance of the bullet showed a disposition to heal. There was great mischief going on in the lung meanwhile. Acute inflammation set in and the patient sank very low. After a time the fever abated, but the expectoration of pus and the distressing cough, as well as the discharge from the forearm, added to his prostration. He was very anxious that the bullet should be removed, as he fancied it was the cause of his cough. As it lay immediately beneath the skin I hoped all connection between it and the lung had been obliterated by plastic effusion. I had therefore no hesitation in removing it, although I believed from its situation that it had nothing to do with the cough

which was so troublesome. It distended the skin, which was inflamed from the continued pressure it had sustained for over four weeks. A slight touch of the knife was sufficient to turn out the bullet, which had embedded in it a spicula of bone from a rib, but I was sorry to find that immediately it was removed the wound established a connection with the lung. It was a long time before this connection ceased, and although it no longer exists, I have not been able as yet to close a sinus which communicates with the cavity of the chest and which still discharges a small amount of pus.

Slowly the cough became less irritating and the very copious expectoration of pus diminished, while the wound in the forearm contracted and eventually healed up entirely. This satisfactory progress was frequently interrupted by febrile attacks, but the man's original healthy constitution at last asserted itself. His appetite improved and gradually he began to lay on flesh. The right lung was very much condensed and the other slightly so, but now—30th September 1876,—both expand fairly, and the amount of air he can inspire, although much less than would be natural to a man of his size—he is over six feet—considering the injuries he has sustained, is very satisfactory.

The forearm is now a useful limb. The lower portion of the ulna, to the extent of four inches, was carried away by the bullet, and a very strong and hard cartilaginous structure, fast becoming very like bone to the sense of touch, has taken its place. The movements of the wrist are nearly perfect and those of the fingers, although sadly impaired, are every day improving. He comes to see me frequently, and as he invariably rides he evidently finds no difficulty in managing his pony.

The above case is a good illustration of the amount of injury the Chinese can sustain yet subsequently recover a fair degree of health and strength. This has often been remarked. Some observers seem to think the frequency of such instances is due to the simple diet which prevails amongst the common people, while others ascribe it mainly to the phlegmatic temperament of the race. As it is certain the temperament of a people is affected by its food, the two opinions practically resolve themselves into one. Be this as it may, I have found when called upon to treat Chinese as in the case just related, where nature had to make a great effort to repair an injury inflicted on a healthy constitution, or in cases where there has been much waste of tissue, as in many pulmonary ailments, a nourishing animal diet was as necessary in the case of Chinese as in that of Europeans. A simple diet and a phlegmatic temperament may prevent moderate inflammation in the first instance, but if tissues have been destroyed or important organs injured, good nourishing food is as necessary for their repair in the case of Chinese as in others.

During the last two years my attention has been frequently given to the question of opium smoking, as in that period I have treated a considerable number of patients who have been addicted to the use of the drug in this way. My opinion on the subject must go for what it is worth, but as many people who speak and write about it absolutely know nothing whatever about it, the following note of what I have seen of the habit during the last twelve years may not be altogether without value. In this period, then, I have had under my notice, and occasionally under my treatment, several Chinese writers, a good many compradores and small traders, who have all smoked opium more or less. The first thing that struck me in connection with this habit in the classes I have referred to was, that although they partook of a drug which in my opinion was injurious, it did not, so far as I could see, in more than ten per cent. distinctly interfere with their general health. All of them have been smoking it

for many years, but with the exception of the ten per cent. referred to, the amount consumed was not greatly, occasionally not at all, increased from year to year. They were able to attend to their duties, were healthy and active, and enjoyed a good appetite. In reference to these, the ninety per cent., the conclusion I have come to is that while opium, so far as I could see, did them no good, it did not manifestly injure them. I say manifestly injure them, because I have a suspicion that eventually the continued daily consumption of even a moderate amount of the drug will be injurious to the health of those using it, and that this in the long run will become apparent. But this is mere suspicion. Of the ten per cent. who took opium in large quantity,—that is, an amount sufficient to interfere with the general health, as indicated by loss of appetite, constant diarrhœa, impaired physical and mental energy, loss of sexual power, &c.,—the condition is as miserable as any one can well imagine. In their case there is a constant desire that the daily dose should be increased. They find their ordinary business irksome; and so impaired are their faculties that a slight call for activity of mind or body urgently demands in the first place an increased amount of the drug.

I have little knowledge of how opium affects the upper, that is the official and literary, classes, but one would expect that, inasmuch as they have intellectual resources unknown to the trading community, the use of the drug would be to them, if to any, what some have been foolish enough to describe as "a harmless stimulant."

Its use amongst the lower classes, I think, is much more limited than is usually stated. I have taken pains to inquire how many servants in the employ of Europeans here use the drug, and I have found that while many years ago almost every household had several servants who smoked opium, it is a rare thing now to find a single servant who does so, and this in spite of higher wages than the labouring classes generally obtain. Doubtless this is partly due to the determination of foreigners to have nothing to do with servants who smoke opium, but the fact remains that many of the residents have Chinese who have been in their employ for many years in the receipt of high wages and who have never shown any desire to cultivate the habit.

Many who admit that the use of opium is an evil, contend that it is no more so than alcohol. To this I demur. My opinion of opium is, that, except as a medicine, it is never necessary, and for other purposes is seldom if ever of any service; while alcohol is only injurious when taken irregularly and in too large quantities; and to the majority of people who either work with head or hands is in some shape or other, if not a necessity, a great comfort, and as a dietetic agent, of very considerable value.

The tendency of those who use opium is to increase the dose. This is by no means universal in the case of those who use alcohol, while a large minority continue to take it in ever decreasing quantity. Amongst the uneducated and lower classes generally the use of both opium and alcohol, when they can be obtained, is often excessive, and it is difficult to say which has the more debasing effect when so taken.

The conclusion I have come to from what has been brought under my own notice is, that foreigners have generally exaggerated the amount of evil said to follow the use of opium. I have no doubt in my own mind that opium smoking is unmistakably an evil. It is a comfort to believe it is not so great an evil as is very generally believed.

The following table will show at a glance the meteorological conditions that have obtained in this settlement for the period under review:—

METEOROLOGICAL TABLE for the PERIOD BEGINNING

MONTH.	No. of days on which Temperature fell below Zero. (Fahr.)	No. of days on which Temperature fell below 10°. (Fahr.)	No. of days on which Temperature fell below 20°. (Fahr.)	No. of days on which Temperature fell below 32°. (Fahr.)	No. of days on which Temperature fell below 42°. (Fahr.)	No. of days on which Temperature was above 65°. (Fahr.)	No. of days on which Temperature was above 70°. (Fahr.)	No. of days on which Temperature was above 75°. (Fahr.)
1874.								
October,	...	...	...	5	11	19	4	...
November,	...	1	8	26	29	...	...	...
December,	7	12	25	31	31	...	...	...
1875.								
January,	18	27	31	31	31	...	...	...
February,	5	20	26	28	28	...	...	...
March,	...	2	5	27	31	...	...	...
April,	...	...	...	6	29	...	...	...
May,	...	...	...	...	4	29	24	12
June,	...	...	...	...	...	30	30	29
July,	...	...	...	...	...	31	31	28
August,	...	...	...	...	...	31	31	29
September,	...	...	...	...	...	29	27	16
October,	...	...	...	2	17	9	1	...
November,	...	2	12	29	30	...	...	...
December,	6	24	30	31	31	...	...	...
1876.								
January,	15	27	30	31	31	...	...	...
February,	8	14	27	29	29	...	...	...
March,	...	4	12	31	31	...	...	...
April,	...	...	...	5	14	6	2	...
May,	...	...	...	...	...	23	11	5
June,	...	...	...	...	...	30	27	23
July,	...	...	...	...	...	31	30	30
August,	...	...	...	...	...	31	30	28
September,	...	...	...	...	2	17	14	3

REMARKS.—The rainfall during the summer of 1875 was barely sufficient to lay the dust and did not increase the supply of drinking water to any appreciable degree. On the 23rd August 1876, it rained heavily for several hours, but it was not till the 9th September that the rain fell in sufficient quantity to fill the ponds that had been empty for fifteen months. Between 9th and 10th September rain fell in torrents and filled all the ponds to overflowing.

(Winter 1874-75): Ice first appeared in large quantity in the river on the 24th November, but did not become fast till the 29th December. The river ice broke up on the 13th March, and entirely disappeared on the 26th March 1875.

1st October 1874, and ending 30th September 1876.

No. of days on which Temperature was above 80°. (Fahr.)	No. of days on which Temperature was above 85°. (Fahr.)	No. of days on which Temperature was above 90°. (Fahr.)	No. of days when Rain fell for upwards of 2 hours in the 24.	No. of days when Snow fell for upwards of 2 hours in the 24.	Highest reading of Barometer (aneroid) for the month.	Lowest reading of Barometer (aneroid) for the month.	No. of days on which High Winds occurred for a longer period than 2 hours in the 24.	No. of days on which Thunder-storms occurred.	No. of days when no Rain or Snow fell.	No. of local Duststorms.
					inches.	inches.				
...	...	...	1	1	30·74	29·83	2	..	27	...
...	...	...	...	1	30·78	29·89	2	...	29	...
...	...	...	...	2	30·78	29·83	3	...	29	1
...	...	...	...	1	30·72	30·11	3	...	29	2
...	...	...	...	2	30·68	29·92	3	...	27	1
...	...	...	1	4	30.57	29·82	8	...	26	1
...	...	...	1	4	30·40	29·60	13	...	24	1
7	2	...	1	...	30·30	29·66	8	...	30	2
23	12	...	7	...	30·04	29·62	13	3	22	1
27	13	...	7	...	30·03	29·63	4	...	23	...
24	16	10	2	...	30·32	29·74	5	...	28	...
4	1	...	2	...	30·32	29·86	7	...	27	...
...	...	...	4	1 hail	30·55	29·92	2	...	26	..
...	...	...	...	2	30·80	30·00	7	...	28	...
...	...	...	...	1	30·80	30·12	4	...	30	...
...	...	...	...	2	30·74	30·10	9	...	29	2
...	...	...	...	2	30·68	30·00	3	...	27	...
...	...	...	...	1	30·46	29·62	10	...	30	...
...	...	...	1	...	30·44	29·73	4	...	29	...
...	...	...	3	...	30·29	29·48	14	3	26	...
13	...	...	3	...	30·16	29·51	5	3	25	...
28	18	2	4	...	30·08	29·69	9	2	25	...
25	13	5	9	...	30·09	29·69	5	1	20	...
...	...	...	8	1 snow 2 hail	30·45	29·87	13	3	19	...

(Winter 1875-76) : Ice first appeared in large quantity in the river on the 26th November and was frozen fast from bank to bank on the 3rd December. The river ice broke up on the 20th March, and entirely disappeared on the 26th March 1876.

The Thermometer (Fahr.) was hung under the verandah on the Northern wall of the Custom House. The Barometric readings were taken from the instrument in the Harbour Master's office.

G.—The Drs. MANSON's Report on the Health of Amoy for the Half-year ended 30th September 1876.

THE following observations of temperature and rainfall during the six months were taken, the former at the Custom House, Amoy, the latter on Kulangsu. The thermometers were read six times in the twenty-four hours, at intervals of four hours, commencing at 4 A.M.

	HIGHEST.	LOWEST.	RAINFALL.
April,	84°	55°	5·44 inches.
May,	88°	64°	5·68 „
June,	92°	72°	3·59 „
July,	90°	71°	9·99 „
August,	90°	77°	10·99 „
September,	93°	75°	0·50 „

The highest day temperature (93°) was recorded at noon on the 9th September, and the highest night temperature (86°) was observed at midnight on the 28th July. The mean temperatures of the six months were low, and the summer may be regarded as exceptionally cool.

No epidemic prevailed either among Chinese or foreigners, thus contrasting with the corresponding six months of last year, when a disease closely resembling cholera was prevalent and fatal among the Chinese.

The number of deaths among the foreign community was unusually large, a fact to be accounted for, not by the prevalence of any particular disease, but by an unusual number of serious cases of different diseases. For the previous six months we had to record only one death, for the present half year we have to record nine, viz.:—

Aortic Aneurism,	1	Diarrhœa,	1
Chronic Broncho-pneumonia,	1	Pulmonary Consumption,	1
Hectic Remittent Fever,	1	Aneurism of Abdominal Aorta,	1
Tubercular Meningitis,	1	Chronic Alcoholism, Fatty Degeneration,	1
Dysentery,	1		

Of the above, three occurred on shore, viz., the cases of hectic remittent fever, pulmonary consumption and chronic alcoholism. The subject of consumption was an Italian priest, whose health had been broken down by repeated attacks of malarial fever and probably imperfect nourishment, while living in the interior for many years. He arrived from Foochow in a dying condition. Eliminating this case and that of chronic alcoholism, we have had only one death among the resident foreign community which can in any way be attributed to climatic influences, that from hectic remittent fever; this case also arrived at Amoy in bad health.

Of the deaths afloat one, aneurism of the abdominal aorta, occurred on board H.M.S. *Ringdove*. Death was caused by rupture of the aneurism into the cavity of the peritoneum.

Remarks upon a Common Form of Dysphagia, with Cases.

In a former Report (*Customs Medical Reports*, No. 6, p. 27) we offered some remarks on the prevailing form of dyspepsia met with amongst the natives of this district, and pointed out its connection with the hygienic conditions under which they live. We did not allude at that time to another form of disease of the alimentary canal which is very common, but which we have been unable to associate, either with its cause or pathological condition. The symtoms are such as stricture of the œsophagus would give rise to, but the disease is of so great frequency that we hesitate to refer it to what, according to European experience, is a comparatively rare affection. The following cases will illustrate the principal symptoms:—

Case 1.—Hang, a farmer, æt. 52, native of Ichang-tchin, Poana, living on the ordinary diet of his class, rice, sweet potatoes, salted vegetables, fish, etc. His mother and two brothers are alive, his father died from some painful gastric disease; a sister died when young. Until three years ago, when his present illness began, he enjoyed good health, with one or two trifling exceptions such as a carbuncle in early youth, and six or seven years ago a trifling hæmoptysis or hæmatemesis. Has never had cough. Three years ago was attacked by quartan ague, which stuck to him for six months; at the end of this time he began to suffer from pain in the stomach, coming on every afternoon and continuing till evening. Has had a difficulty in swallowing for two years, and for the last nine months has rejected all solids immediately on their entering the gullet. The vomit consists entirely of food, without any admixture of blood or pus, and has always been of this character. He can swallow water and fluid, but not equally well at all times; as a rule he succeeds best about midday. He describes the feeling after having swallowed any solid as that of an obstruction preventing the food entering the stomach; it is almost painful, but is immediately relieved by the eructation of what he has eaten.

When he presented himself for treatment, this patient was miserably thin and an excellent subject for auscultation and percussion. But though these and other methods of physical examination were carefully employed, no trace of tumour could be discovered; and except for this difficulty in swallowing, and the consequent wasting, he appeared to be in good health and of sound constitution. Inquiries about the swallowing of corrosive poisons, boiling water or other irritants, gave only a negative result; and we quite failed in this as in all similar cases to find the cause of disease. The œsophageal bougie was not employed, because experience has taught us that a Chinese patient will seldom submit to its use more than once; he decamps before the next visit.

Case 2.—Tcho, a barber, æt. 58, living in Amoy. His father, three brothers and two sisters are dead, most of them from fever; his mother is still alive. Enjoyed excellent health till within six months ago, when his present illness began. He can find no cause for it; never swallowed any irritant. At first he had a slight feeling of obstruction in swallowing; after a time he would occasionally reject his food before it entered the stomach. When the food was once completely swallowed any feeling of obstruction or pain was immediately relieved. Gradually his troubles increased, and now he is quite unable to swallow rice or any solid, and subsists entirely on fluid nourishment. He has never brought up any blood or pus. On examination he is very thin, but nothing unusual can be discovered about neck, chest or abdomen.

Case 3.—Soo Pin, a man, æt. 50, from Tchangtchiu-fu. Both his parents are dead—father of paralysis, mother suddenly. Five brothers and one sister are alive and well; one brother and one sister died of fever. From his tenth to his twentieth year he suffered much from pain in his stomach; for this he was prescribed opium with success. He soon became a confirmed opium smoker; at present consumes about two mace a day. Until eleven months ago he was in good health. Then, in attempting to swallow a tough piece of beef, he had the first intimation of something being wrong with his gullet. The piece of beef appears to have become impacted, for, for three days he brought up everything he attempted to swallow. By the advice of a friend, he swallowed a piece of crude potash about the size of a pea, wrapped in paper; this, he says, had the desired effect, for in two days he could swallow again. Gradually, however, the obstruction returned, and now solids regurgitate at once, and he can only get rice-water or milk into his stomach. Even these, or water, if rapidly swallowed, are rejected. He describes the feeling of obstruction as if behind the ensiform cartilage. He has never vomited blood, and although excessively thin, presents no appearance of tumour or other abnormality. The stomach-pump tube was passed in this man. It got into the œsophagus easily enough, but on reaching a point near the cardia it was completely arrested.

To prove the great frequency of the affection in this neighbourhood, it is only necessary to mention that in the course of twelve months, and amongst 3,055 miscellaneous cases, sixteen were instances of this disease. The ordinary causes of stricture of the œsophagus were carefully sought for in every instance, but we have never satisfied ourselves of the existence of cancer, aneurism, tumour, or simple organic stricture such as is frequently produced by the swallowing of irritants. We meet these cases oftener than we do cancer of any other part; so that if cancer is the cause of obstruction, the œsophagus or adjoining structures must be more commonly attacked in the natives of this region than any other part of the body, which is quite contrary to experience elsewhere.

The cancers observed at the Chinese Hospital during twelve months were situated as follows:—

Cancer of the Breast,	4 cases.	Cancer of the Right Ear,	1 case.
„ „ Eye,	10 „	„ „ Cheek,	1 „
„ „ Abdomen,	1 „	„ „ Anus,	1 „
„ „ Hand,	1 „	„ „ Knee,	1 „
„ „ Skin of the Back,	1 „	„ „ Nose,	1 „
„ „ „ Forearm,	1 „	„ Situation not registered,	4 „
Total,	*27* cases.		

This table is of no value whatever as a guide to the liability to cancer of the different organs mentioned in the general population. It is exceedingly unlikely that cancer of the eye is more frequent than cancer of the breast. That we see so many cases of cancer of the former organ is to be attributed to the reputation that foreign surgery has in the treatment of eye diseases, and that we see so few cases of cancer of the breast, to the aversion of the women to expose this part, and to the social restrictions placed upon the sex. There is no reason we can think of, however, why, if the disease we describe is owing to cancer, such a predominating proportion of cancers of this particular organ should consult us.

Aneurism is rare amongst our Chinese patients (we have seen it only two or three times in the course of ten years' experience), so that it may be safely dismissed as a probable cause. Dilatation of the œsophagus rarely, if ever, occurs without antecedent stricture; its symptoms are different, for in it the food is not immediately rejected, but regurgitates after lodging in the gullet for some time, during which it undergoes chemical changes. Ulceration of any sort would betray its presence by bleeding.

Thus, by a process of exclusion, we are driven to abandon as causes all the usually recognized sources of stricture. That stricture of some sort exists has been proved by the sypmtoms in every case, and by the bougie in those few instances in which we have deemed it prudent to employ it. The stethoscope, also, if applied over the course of the œsophagus while water is swallowed, gives unmistakeable evidence of stricture. Can the stricture be owing to spasm. It is unlikely; for spasm of the œsophagus is an affection almost confined to women, and to women of a hysterical temperament. The majority of our patients (15 out of 16) were men, and for the most part old men. The ages were 19, 32, 38, 39, 40, 41, 46, 47, 51, 56, 58, 58, 58, 60, 61, 62. Nor does the disease as we have met it observe that suddenness of attack and subsidence characteristic of spasmodic affections. Though we have not been able to watch a case to its termination, yet that this is death by starvation can hardly be doubted. Some of our patients were in the last extremity, wasted to skeletons, and had to be carried to and from the hospital. A spasm would surely have relaxed before this state of depression. Yet, curiously enough, the degree of constriction seems to vary a little in some cases; for a week or more there may be complete obstruction to the swallowing of any substance whatever, yet after a time fluid, or even solid food may be got to pass for a few days or weeks, when obstruction as complete as before may again return.

We are decidedly of opinion that in all of these cases an organic cause of stricture exists, but can only speculate as to its nature. Did we meet with but one or two cases in the course of a year we should unhesitatingly refer the disease to cancer. But the number of cases in one year, 16, and their ratio to ascertained cases of cancer, 16 to 27, surely forbid such a diagnosis.

Deaths after Operation for Elephantiasis scroti.—We regret to have to record two deaths after this operation. They are the first which have occurred in a long series of cases, now 61 in number.

The first death was attributable to pyæmia. The patient, from whom a tumour of some 10 or 15 lbs. weight had been removed, did well for more than a week after operation, and a considerable portion of the wound had healed by adhesion, when sloughing of the tissues about the inguinal canals along the track of the spermatic cords, and symptoms of pyæmia set in. The weather was very warm and the hospital crowded at the time. In the same ward a man was dying from pyæmia following putrid suppuration in a chronic abscess, and we believe a careless dresser had carried contamination from this patient.

Pyæmia, erysipelas and allied diseases are fortunately very rare, notwithstanding the overcrowding, the great number of open suppurating wounds, and the imperfect sanitary condition in the native hospital. Another instance occured this year. It followed on a very simple operation, tapping for hydrocele. The patient had a big spleen, and on that account should not have been operated on. Strangely enough, he occupied the same place in the ward as the fatal

chronic abscess case. The bed, however, had been sunk in salt water for some days, and thoroughly cleaned.

The second fatal elephantiasis case had been operated on before. His first operation is recorded in the *Customs Medical Reports,* No. 3, p. 32; case 8. At that time a tumour weighing 51 lbs., with very extensive attachments, was removed. Unfortunately the disease returned in the skin around the cicatrix, and when we saw him this autumn it had developed into two enormous masses extending from near the umbilicus far back on the gluteal region. Between the lobes was the healthy cicatrix of the previous operation, with the glans penis about its centre. The man was very thin, and had an intermittent pulse and other signs of heart disease. We were very averse to operating, but he was so urgent and anxious for something to be done to relieve him, that after preparatory treatment by tonics, quinine and good feeding, we removed the whose mass, including both testicles. These latter could not be preserved, as there was no guide to their position in the tumours, and the fear of a heavy loss of blood forbad a prolonged search for them. The penis was not cut away. The combined weight of the two lobes amounted to 27 lbs. As a necessary consequence of so extensive an operation, a very large raw surface, quite 15 inches by 10 inches, had to be left to heal by granulation. The patient rallied completely from the shock, his appetite became vigorous, his spirits rose, and granulation and contraction fairly began. On account of the amount of discharge and the great risk of contamination, he was removed after a week to a large airy verandah. The weather was warm at the time. In about ten days from the date of the operation, symptoms of tetanus set in, which, in spite of treatment, proved fatal after a fortnight. We can attribute the tetanus and fatal result in this case only to one of two things; either irritation of the spermatic nerve by a ligature which in the hurry of the operation had been placed on the left cord but which came away three or four days after its application; or, to chilling of the wound by a squall of wind that came on suddenly one night after he had been removed to the verandah.

We have as yet had no death immediately attributable to the operation itself.

H.—Dr. J. R. CARMICHAEL's Report on the Health of Chefoo for the Year ended 30th September 1876.

—	THERMOMETER.				BAROMETER.			RAIN.	SNOW.
	Mean.		Max.	Min.	Mean.	Max.	Min.		
	Max.	Min.							
1875.	°	°	°	°	Inches.	Inches.	Inches.	Days.	Days.
October,	66	52	77	45	30·23	30·46	29·95	7	...
November,	49	38	62	30	30·31	30·64	30·00	...	3
December,	33	29	40	18	30·35	30·71	30·10	2	5
1876.									
January,	32	22	44	15	30·45	30·72	30·24	...	5
February,	39	27	51	23	30·33	30·57	30·00	...	3
March,	52	31	69	19	30·14	30·49	29·65	...	...
April,	64	47	78	30	30·06	30·40	29·76	...	...
May,	77	58	96	52	29·99	30·60	29·54	...	...
June,	80	64	99	58	29·85	30·06	29·53	...	...
July,	89	73	103	60	29·80	30·00	29·67	1	...
August,	85	74	100	60	29·81	30·05	29·62	6	...
September,	77	61	92	45	30·06	30·35	29·86	3	...

REMARKS.—The first two columns give the Thermometrical mean of the maxima and minima respectively. The Thermometrical readings were taken in the shade at noon and midnight. The readings from the Barometer were taken at 9 A.M., noon, 4 P.M. and at midnight. The coldest day was the 25th January, while the highest temperature recorded was on the 11th and 30th July, when the index marked 103°. On the 1st May the temperature rose rapidly to 90°, from which date to the end of August, the mean temperature I have given shows there was great and almost uninterrupted heat. It was 101° on the 29th, and 100° on the 6th July. On the 31st August it was 100°. Except during August and September, the rainfall was insignificant. There was no heavy fall of snow during the winter, and the days marked in the table when snow fell are simply to be taken as days when there were slight snow-squalls. Some days, upon which neither rain nor snow fell, were cloudy or stormy, but for the most part they were clear, bright and dry, such as are only met with elsewhere in places like Central Asia or in certain districts on the Pacific coast of America.

I am indebted for the greater part of the material from which I have compiled the above table to Mr. HOWARD, the Harbour Master.

I have noted 35 days on which rain or snow fell, thus leaving 330 days of what might be called "fine weather," which I think, notwithstanding the exceptional heat of last summer, sufficiently expresses the desirable nature of this climate as a residence for foreigners.

A cattle plague prevailed extensively during the midwinter. It was said to have its chief centre at Chinhia, about 180 li distant from this, where cattle are bred in great numbers. The disease spread rapidly in this direction, attacking cows and bullocks and producing great mortality. At Chefoo and in its immediate vicinity, milch cows were chiefly attacked, and in the early period of the epidemic they almost invariably died. I saw some of the diseased animals. Two were convalescing from slight attacks. One was dying and had apparently a pneumonic complication. The beast was lying down and groaning as if in great pain. There was a profuse thick and purulent discharge from the nostrils. From the general appearance of the case I am inclined to think it was suffering from a malignant fever and secondary pneumonia. A post-mortem was promised, but on the following day I found the carcass had been sold by the owner for a nominal sum to be disposed of as food. About this time I saw quantities of dark coloured and unwholesome looking flesh carried through the settlement, which I afterwards ascertained was from the cow-sheds in the suburbs, where so many animals had died. To keep up the supply of milk, fresh cows were continually procured, and for some weeks those also shared the fate of their predecessors, until at last there was a gradual abatement in the severity of the symptoms, and the attacks were so mild that recovery became the rule, and apprehension was at an end. The duration of the fatal cases was said to have been very short. If on the third day they "ate or drank" the prognosis was favourable, but if there was no amelioration by that time, the cases generally ended fatally. The critical period in modified cases was also on the third day. The flesh in all the animals that died was undoubtedly used as food by the poor, but as far as I could learn this was followed by no ill effects.

The absence of rain during the past summer produced a serious drought which was very much intensified by the long continuance of an unusually high temperature. The wheat crop, except in a few favoured places in the valleys to the east of the province, was a total failure, while the millet and sorghum which succeeded suffered almost to the same extent. The little rain which fell late in the season was just in time to save the pea crop. The sweet potatoes, which are also an autumn product, were comparatively plentiful, and this, for the time, partly redeemed the disastrous failure of the cereals which form the chief article of food of the northern Chinese. It is said that there has not been such a general failure of the crops for many years, and that the destitution has been frightful. In certain districts where there was a prospect of a partial harvest, swarms of locusts appeared, and in a few days what was spared by the drought was destroyed by the ravages of these insects. In addition to this last calamity, a small caterpillar attacked the leaves and stalks of the sorghum, and was almost equally destructive in its effect. Serious and apparently well-founded apprehensions existed at one time that grave epidemic disease would sooner or later overtake the famine-stricken population, but fortunately summer and autumn passed without this fear being realized. There was great mortality from the immediate effects of want of food, but there was a notable absence of cholera and of malignant fevers which have invariably followed the devastating effects of the rebel raids to which we have been so frequently subject. During the autumn there was a fatal form of hæmorrhagic dysentery

amongst the natives, but as this was common to all grades in society, it could scarcely be traced to the scarcity of food, and was more likely due to the sudden rainfall after a hot and dry summer. Although there has hitherto been an immunity from epidemics, the general health of the population must have suffered greatly on account of the insufficiency of good and wholesome food. We can appreciate this probability when we know that numbers of them have been driven to seek sustenance from leaves and roots and from the bark of certain trees. In this neighbourhood they have lately had recourse to mixing the flour with earth, which at once suggests without further description all the horrors of unmistakeable famine, and is in itself worse than actual disease.

There was very little sickness amongst the residents during the winter. The only important case which came under treatment at that time was one of pneumonia, to which I shall refer in detail further on.

A Siamese seaman was landed from a vessel with both legs gangrenous from cold. The left was principally affected. The patient was under the care of Dr. DAVIDSON of H.M.S. *Kestrel*, and after consultation with him, I performed an amputation below the knee on the left side. Dr. HENDERSON of Tungshiu assisted and applied ESMARCH'S bandage, which answered admirably, only a trifling amount of hæmorrhage taking place. The patient, whose cachectic constitution gave us little hope of a favourable result, died within twenty-four hours of the operation.

I performed a Syme's amputation at the ankle joint of a coolie employed on board a cargo boat, whose foot was found on examination to be extensively bruised and lacerated. The flaps began to slough on the fourth day, but healthy granulation soon set in and the patient made a good recovery with an excellent stump.

The Chinese of the north bear surgical operations well, and I have not seen a fatal accident from the free use of chloroform, which I have employed amongst them for many years.

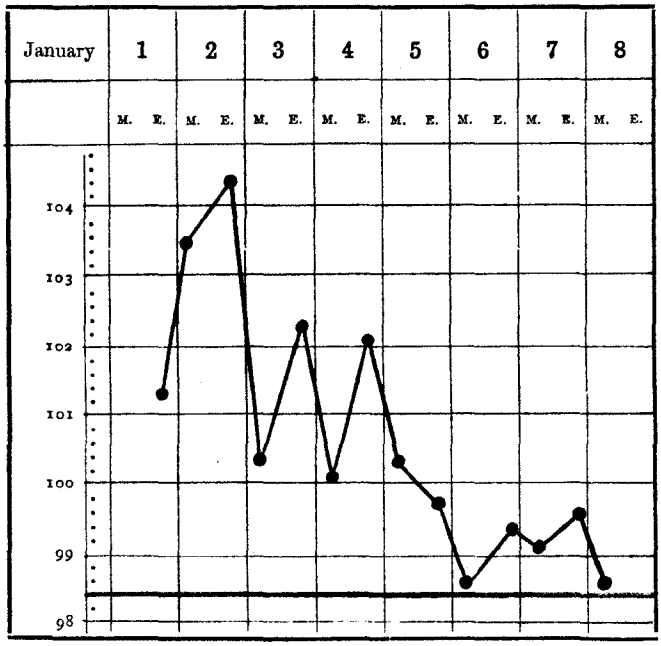
A coolie on duty on the Customs Jetty came under treatment for fracture of both bones of the left leg, which was at first put into a McIntyre's splint, and afterwards was encased in a starch bandage. Complete and satisfactory union took place in the course of a few weeks.

The following case of scarlatina occurred on board H.M.S. *Kestrel* last winter, and is recorded from the notes kindly furnished by Dr. DAVIDSON. It is interesting from the fact that this fever appears to be such a rare malady in this part of China:—

J. K., aged 20. December 30th 1875.—Complains of cold shivers, violent headache and constipation; ordered castor-oil and a diaphoretic at night. 31st.—No better; slept a little and perspired slightly; tonsils enlarged and painful; no rash on the skin. Ordered a chlorate of potash gargle. January 1st.—Worse; nausea, vomiting, anorexia and epistaxis present; eyes suffused, skin hot and dry, shivering frequent, suspicion of a rash. 2nd.—Rash over neck, chest, abdomen and extremities, red, punctiform, disappears on pressure; tonsils enlarged and mottled; unable to sleep or eat; thirst urgent. Ordered acetate of ammonia and chlorate of potash internally; lime-juice and three ounces of wine. 3rd.—Slept a little, but talked incoherently while asleep; rash all over body coalescing; pulse 120, full. Continue as before. 4th.—Much easier; rash appearing to fade; tonsils still very tender; pulse 100 and softer. Continue everything. 5th.—Rash fading gradually; skin peeling off tongue and chest; no albumen in urine; feels comfortable. Continue as before. 6th.—Skin still desquamating. Appetite good; traces of albumen in urine. 7th.—Rash quite gone and skin still desquamating; more albumen in urine; temperature and pulse normal; tonsils less in size and not so painful. Continue everything. 8th.—Only a trace of albumen; skin healthy and no more

desquamation. Patient able to sit up for a little while. 9th.—No albumen. Feels quite well and is getting stronger every day. 13th.—Discharged to duty.

TEMPERATURE CHART.



Dysentery of local origin broke out amongst the adult European residents during the past summer. It was of a malarious type, and although they all made good recoveries, many of the cases were severe. This outbreak, which was unprecedented in my experience here, occurred immediately after the first regular rainfall and while the temperature was at its maximum.

The causes which operate in producing a tendency to dysentery or enteric fever frequently date so long anterior to the development of active symptoms that it must be difficult to say with certainty that any one of the cases landed from the fleet originated at Chefoo.

Dr. DAVIS, fleet surgeon on board H.M.S. *Audacious*, referring to the outbreak of disease on board Her Majesty's ships, says:—

On the 27th August two seamen from the *Immortalité* and one from the *Thistle* were landed for treatment, suffering from acute dysentery. Of these one recovered and two died. Four more cases were afterwards landed attended by one nurse. Of these one died of enteric fever and another of dysentery. The remaining two recovered and returned to their vessel, one having suffered from dysentery and the other from enteric fever. The nurse attending the four men was attacked with dysentery on the 8th September. The boatswain from the *Vigilant* was landed suffering from dysentery. Both he and the nurse made a good convalescence and were returned to their respective vessels. The only cases *contracted at Chefoo* were the boatswain from the *Vigilant* and the nurse from the *Thistle*.

Until some probability is shown to the contrary, I shall be disposed to believe that the cases noted by Dr. DAVIS were *all* of outside origin. It must also be remembered that the vessels were either recently from the tropics or had been stationed at the river ports in the south for some time before coming to Chefoo. As to *enteric fever*, I have not seen a single case of that

disease either in my foreign resident or native practice here. During my absence from the port in 1870, a fatal case of this fever was reported to me. The patient was a foreigner and was said to have contracted the disease at an interior city.

Table of mortality for the year from 1st October 1875 to 30th September 1876.*

1.—Disease at base of the Brain and Gangrene of the Face. Non-resident.
2.—Infantile Eclampsia and Diarrhœa. Resident.
3.—Chronic Renal and Hepatic disease. do.
4.—Infant only a few days old. Non-resident.
5.—Adynamic Remittent Fever. do.
6.—Acute Dysentery.
7.— do. do.
8.—Enteric Fever.
9.—Acute Dysentery.
} From men-of-war.

The most striking feature in this year's report of the health of the settlement is the very large and unusual number of deaths which have taken place, and which are noted in the above table. It will be seen, however, that the greater number of fatal cases occurred among non-residents, only two residents appearing in the list. The men landed from the British squadron greatly swell the bill of mortality. The death rate in most health resorts is, moreover, fairly to be taken with particular reference to the number of incurable patients who make their temporary abode at such places, endeavouring to secure as a last resource the benefit of change of climate. These considerations must be extended to Chefoo. In neither of the fatal cases among residents was the disease of climatic origin. One was that of a child who died of eclampsia and exhausting diarrhœa during dentition; the other had lived many years in the south of China and had long suffered from extensive hepatic and renal disease, under which he eventually sank.

The following case, which is numbered 5 in the mortality table, is an example of one of the numerous forms of malarious fever which after a certain duration assume the continued form. The unfavourable aspect of the case on its first arrival here was the persistence of the symptoms for so long a period and the consequent vitiated secretions and depression of the vital powers. The fact that the patient was above middle age perhaps sufficiently accounts for the little tendency to rally and for the steady progress to a fatal termination. Had he been younger the result might have been different:—

Remittent Fever with Enteric Symptoms.—J. S., æt. 54, resident in China for ten months. Never had any sickness at home, and was not troubled with any complaint in China until two months ago, when he was attacked with fever and ague. When taken sick he was living at Woosung in a Chinese house. After taking a course of quinine the fever disappeared. There were three friends with him who were affected in the same manner. After this he removed to Hongkew. He was then affected with diarrhœa, which was very profuse; also severe pain over the right side. This was shortly followed by dysentery, which lasted a week and then again gave place to diarrhœa, which gradually diminished until he left for Chefoo. He was ailing during the voyage and complained on board chiefly of thirst. He arrived at Chefoo on the 27th August, when he was first seen. He lies in bed and has a cadaverous expression, stares in a stupid way and does not appear to comprehend at once when questions are put. He is very restless and moves from one part of

* This table does not include the case of a man who died of dysentery on board one of the vessels of the Detached Squadron stationed at Talien-wan Bay, and who was brought to Chefoo for burial.

the bed to another, complaining of thirst; tongue dry and of a coffee colour; pulse 116; temperature 103·8°; his hand trembles as he holds the thermometer. On removing his clothes for the purpose of further examination, he is found not to be so emaciated as might have been expected from his long illness. He says, however, that he has lost flesh greatly and that he once weighed fifteen stone. Area of hepatic dulness slightly extended. He complains of pain and says that it was very severe in this situation at the time of the dysentery. Yesterday he had no motion, but to-day he has had three of a light colour. He sleeps badly, has no appetite and is always thirsty. Diagnosis: malarious fever with typhoid symptoms.

28th.—Thirst less; pulse 116; temperature 102·2°.

29th.—Has had a bad night; no sleep. Found him very drowsy during my visit. Answers in a startled manner. Surface cool; pulse 88; temperature 101°. Urine of a dark colour, becoming like pea-soup on cooling, which character it has had since his arrival.

30th.—Skin hot; movements tremulous; pulse 136; temperature 103°. Pain in side almost gone after application of blue ointment.

31st.—No change; temperature 103°.

Sept. 1st.—Pulse not perceptible at wrist; surface cold; in other respects as before. Temperature 102°.

2nd.—Pulse very small and rapid; tongue dry and glazed. Found patient sitting up in a chair in the garden. He said he felt quite well. Ordered him to bed again at once. Temperature 99°.

3rd.—Temperature 100·8°; as yesterday.

4th.—Temperature 100°; as yesterday.

5th.—Pulse very small. Continues to assert that he is well; has taken more nourishment than usual. Temperature 101°.

6th.—Temperature 101·4°; as yesterday.

7th.—Found patient in bed, cold, pulseless, tongue dry and brown. Says he feels perfectly well, and cannot understand why he is detained in the house. It appears he had been out for an hour or two shortly before my visit and without the knowledge of the person in whose charge he was. Temperature 101·2°.

8th.—Tongue dry; pulse small and rapid; temperature 98·4°.

9th.—Has slept; pulse rapid, cannot be counted; temperature 102·6°.

10th.—Has vomited a great deal during the night; matter of a dark bilious character. Temperature, morning 102·1°, evening 104°.

11th.—Stools very loose and frequent, of a pulpy consistence. There is now, for the first time since I have seen the case, iliac gurgling; pulse scarcely perceptible. Morning temperature 102·2°, evening 100°.

12th.—Stools every few minutes; tongue dry; scarcely any pulse at wrist, and intermittent. Countenance shrunken and appears to be sinking rapidly. Temperature, 8 A.M. 96·4°, 1 P.M. 99·5°, 9 P.M. 101°.

13th.—It is difficult to get him to retain the nourishment given him, on account of the frequent vomiting. The stools, which are still as frequent, except when controlled by starch and opium, are passed in bed. Has several times vomited a dark tarry looking substance. Temperature, 6 A.M. 96·8°. Died at 11·30 A.M. No post-mortem was performed.

The treatment adopted in this case was light and nourishing food combined with stimulants. He was also put under small doses of quinine until within a few days of the end. Warm and stimulating applications were made from time to time to keep up the heart's action and to sustain the animal heat.

I have seen only two cases of primary pneumonia since I began practice here. One occurred in 1864 and was that of an officer, one of the survivors from H.M.S. *Racehorse*, which was wrecked at Lung-mun in November of that year. He had been in the water for some hours floating on a spar, and the weather was intensely cold at the time. The inflammatory symptoms set in on the following day, but the course of the disease was mild, and convalescence soon became established. The second case came under my observation during the past year in the person of

a lightkeeper at the Shantung Promontory. The following particulars are from notes made at the time:—

J. M. was brought for medical treatment on the 4th March, with the history that he was taken sick on the 17th February, but that for some days previously he had not been well, having suffered from loss of appetite and sleeplessness. The acute attack was ushered in on the date mentioned. He awoke from a delirious sleep with a severe pain in the left side and difficulty in breathing. He was very much prostrated for some days. The fever was high and the breathing rapid; the face was swollen and of a dark blue colour; there was cough and there had been profuse expectoration from within a week of the first onset of the attack. When put under my care, the paroxysms of dyspnœa had considerably subsided; the pyrexia was also much less than had been described. I found the patient lying on his back; he breathed more quickly than was natural, and loud moist sounds were heard for some distance from the bed. He expectorated every few minutes, and during the half hour which had elapsed since his arrival, he coughed up several ounces of muco-purulent matter streaked with blood. Blood had, he said, been present in greater quantity up to a few days previously. The sputa had a horrible, nauseating smell. He remarked on the latter peculiarity himself, but said that it had been worse and almost intolerable. On left side, percussion universally dull, loud moist sounds, tubular breathing; on right side, hyper-resonance. The progress to recovery was tardy but ultimately the man got well.

I give the above cases this prominence, not that there is anything remarkable in them but simply to record the fact that during a practice of fourteen years at this place, I have met with no more than these two instances of primary pneumonia amongst Europeans. It is interesting to know that a cold climate such as we have during our winter is not invariably to be credited with this disease. This exemption is probably due to the absence of moisture during the greater part of the year, and for which our winter especially is so distinguished.

I.—Dr. J. Frazer's Report on the Health of Tientsin for the Half-year ended 30th September 1876.

The health of the foreign community during the period under notice was as usual very good. Three children died,—one from diphtheria, one from remittent fever, and one from sclerema; the latter was only a few days old.

The men-of-war in harbour suffered very severely from dysentery and remittent fever. Whether the diseases were contracted at Tientsin or Chefoo, it is of course impossible to say for certain, but I am inclined to blame the latter place, as both natives and foreigners here were exceptionally free from affections of a malarial type.

List of Diseases treated during the Six Months.

1.—Diseases of Digestive Organs:—

Dyspepsia,	6 cases.
Diarrhœa,	20 „
Dysentery,	12 „

2.—Diseases of Generative Organs:—

Gonorrhœa,	10 „
Syphilis, Primary,	7 „
„ Secondary,	15 „

3.—Diathetic Diseases:—

Rheumatism,	8 „
Neuralgia,	13 „

4.—Miasmatic Diseases:—

Intermittent Fever,	6 cases.
Remittent Fever,	9 „
Diphtheria,	3 „

5.—Skin Diseases:—

Sclerema,	1 „
Scabies,	4 „
Eczema,	2 „
Herpes,	3 „

6.—Eye Diseases:—

Ophthalmia,	5 „

7.—Accidents:—

Wounds,	10 „
Fractures,	2 „

Dysentery.—Twelve cases came under treatment, all of which occurred on board the vessels in harbour. Ten of the cases were of a mild form and yielded readily to an expectant plan of treatment. Two were of a malignant type, and no treatment appeared to have the slightest effect on the progress of the disease. In both cases rapid disorganization, with sloughing of the bowel, set in from the commencement, although large doses of ipecacuanha were frequently administered and were well borne by the stomach.

Remittent Fever.—Most of the cases were infantile remittent and were of a mild type. The fatal case occurred in a child six years old. The disease ran a very rapid course, attended with a very high temperature, obstinate vomiting and convulsions.

Diphtheria.—The three cases which came under observation were of the asthenic type, with a tendency to laryngeal exudation and blood poisoning. The fatal case was that of a child about two years old. The disease at first appeared to be one of ordinary remittent fever, but

after a few weeks swelling of the cervical glands set in, attended with difficulty in swallowing, and general prostration. Ulceration of the pharynx extending to the ears, with symptoms of blood poisoning, quickly followed. Death took place from exhaustion.

SUMMARY OF METEOROLOGICAL OBSERVATIONS FOR THE HALF-YEAR ENDED 30TH SEPTEMBER 1876.

MONTHS.	BAROMETER.		THERMOMETER.		WIND.
	Max.	Min.	Max.	Min.	
1876.	inches.	inches.	°	°	
April,	30·30	29·70	78	50	
May,	30·23	29·43	98	53	
June,	30·00	29·50	92	62	
July,	29·93	29·54	93	67	W. & S. W.
August,	29·98	29·60	94	69	
September,	30·29	29·82	82	46	